

Scanned by SIERRA LAVENA in facility DALLAS COUNTY JAIL on 06/09/2010 08:19 Name: GREEN GARY

Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Book-In 09073266 AIS Number: 2643937 Date of Birth: 3/14/1971 Patient Age: 39 Date of Service: 6/5/2010 Patient Race: African Jail Location: NORT 3E03
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Allergies:

Drug	KOP Y/N	Start Date	Stop Date	06/06/2010				06/07/2010				06/08/2010			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	6	1	7	3	6	1	7	3	6
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9
HYDROXYZINE HCL 50MG GODWIN ADAMS PA TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	N	5/30/2010	11/25/2010	/	/	/	/								
MIRTAZAPINE 45MG GODWIN ADAMS PA TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	N	5/30/2010	11/25/2010	/	/	/	/								
AMLODIPINE BESYLATE 10MG MUHAMMAD AZEEM MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	3/3/2010	8/29/2010	NLS	/	/	/								
PAROXETINE HCL 40MG GODWIN ADAMS PA TAKE ONE TABLET(S) BY MOUTH DAILY - START ON 4/1/10	N	4/1/2010	9/27/2010	NLS	/	/	/								
CLONIDINE HCL 0.2MG MUHAMMAD AZEEM MD TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	N	4/22/2010	10/18/2010	NLS	/	/	/								

Initial: _____ Signature: _____
 Initial: _____ Signature: _____
 Initial: _____ Signature: _____

Initial: LD Signature: LJASABE RN 15631
 Initial: U Signature: LJASABE RN 15631
 Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



* 4 8 1 8 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 *



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

MEDICAL
URGENT CARE NOTE

Patient Name: GREEN, GARY
 Book-in Number: 09073266
 Date of Birth: 03/14/1971 Age: 39 year
 Race: B Sex: male
 Jail Tower: NORTH TOWER 03E Tank: 3E03
 AIS Number: 2643937
 Date: 10/02/2010 13:51

Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
 Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
 Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
 Hypertension (htm) First Observed 6/7/2010 01:40PM
 Kite First Observed 6/24/2010 01:41AM
 Dental Problem First Observed 7/29/2010 12:00PM
 Chronic Care - F/u First Observed 8/27/2010 12:06PM
 Positive Ppd First Observed 9/29/2010 01:53AM (Rule Out)

Functional Status:

Medication(s): MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
 ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
 HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
 SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY
 ONIDINE HCL 0.3 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
 TOPROL XL 25 MG TABLET SA, 1 TABS ORAL (PO) DAILY
 VERAPAMIL ER 240 MG TABLET, 1 TABS ORAL (PO) DAILY

Allergies: *NO KNOWN ALLERGIES*

SUBJECTIVE:

PAST MEDICAL HISTORY:

N	Y	
<input type="checkbox"/>	<input type="checkbox"/>	HYPERTENSION, If yes, elaborate:
<input type="checkbox"/>	<input type="checkbox"/>	CORONARY ARTERY DISEASE, If yes, elaborate:
<input type="checkbox"/>	<input type="checkbox"/>	DIABETES, If yes, elaborate:
<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA/COPD, If yes, elaborate:
<input type="checkbox"/>	<input type="checkbox"/>	SIEZURE, If yes, elaborate:



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**MEDICAL
URGENT CARE NOTE**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B Sex: male

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 10/02/2010 13:51

OBJECTIVE:

Current Vital Signs: *(Filled automatically)*

9/6/2010: BP: 125 / 83 *(Sitting)* Pulse: 73 *(Sitting)* Respirations: 16 / min Temperature: 97 *(Oral)* Weight: Height:

ASSESSMENT:

PLAN:

ORDERS/FOLLOW-UP:

- ☐ List of all current medications was reviewed.
- ☐ Disease status and current treatment discussed with patient
- ☐ Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

This document has been sent for signature, but has not yet been reviewed



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

MEDICAL
CHRONIC CARE NOTE – FOLLOW-UP

Patient Name: GREEN, GARY

Book-In Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Parkland MRN:

Date: 08/27/2010 12:05

Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
Hypertension (htn) First Observed 6/7/2010 01:40PM
Kite First Observed 6/24/2010 01:41AM
Dental Problem First Observed 7/29/2010 12:00PM

Functional Status:

Medication(s): *MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING*
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
CLONIDINE HCL 0.2 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY

Allergies: *NO KNOWN ALLERGIES*

Current vital signs: 8/27/2010 Blood Pressure: 169 / 106 (Sitting) , Temperature: 97.2 (Oral) , Pulse: 69 (Sitting) , Respiration: 18 / min, O2Saturation: 97 % , Weight:, Height:

CHRONIC CARE - F/U


SUBJECTIVE: h/o HTN for f/u, denies swelling feet.

HISTORY OF PRESENTING ILLNESS

- HTN (FOLLOW UP)

- Episodes of chest pains since last visit?
- No
- Episodes of shortness of breath since last visit?
- No
- Episodes of very high blood pressure since last visit?
- No
- Episodes of very low blood pressure since last visit?
- No

OBJECTIVE:


 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p style="text-align: center;">MEDICAL CHRONIC CARE NOTE – FOLLOW-UP</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>08/27/2010 12:05</u></p>
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- Review of Systems
 - Positive, Describe: as above
- General
 - Normal, awake, alert, oriented to person, place and time.
- Head and neck
 - Normal, no evidence of trauma, pupils are round, equal, reactive to light.
- Cardiac
 - Normal, regular rate and rhythm, no murmurs or gallops
- Lungs
 - Normal, clear to auscultation bilaterally, no wheezes or rales
- Abdomen
 - Normal, soft, flat, non tender and non distended, bowel sounds are present
- Extremities
 - No edema.
- Sensory/Motor:
 - Normal reflexes, normal gait, sensory and motor grossly intact bilaterally

Misc Lab Results	02/03/2010 02:05	02/03/2010 01:25	09/26/2009 07:06	09/26/2009 03:04
Glom Filtr	>59		>59	
HDL Choles	38 [L]			
If African	>59		>59	
LDL Choles	111 [H]			
VLDL Chole	32			
CHEMISTRY	08/06/2010 08:22			
BUN	8			
Bun/Creat Ratio	8			
CO2	27			
Calcium	8.9			
Chloride	99			
Creatinine	1.01			
Glucose	88			
Potassium	4.3			
Sodium	140			
eGFR	>59			
eGFR AfricanAme	>59			

ASSESSMENT/PLAN:

- 1- HTN, edema ankles.
 - POOR: increase clonidine to 0.3 mg BID and add toprol XL 25 mg daily.
 - Vital Sign Check Daily x 14 Days

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p style="text-align: center;">MEDICAL CHRONIC CARE NOTE – FOLLOW-UP</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>08/27/2010 12:05</u></p>
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2-Hyperlipidemia, LDL 111, fish oil cap, diet and exercise.

FOLLOW-UP:

- Chronic Care Provider Visit in 14 days
- Follow up as needed

PATIENT EDUCATION:

- I have reviewed the current list of medications for this patient.
- Disease status, health outcome options discussed with patient
- Current treatment discussed with patient.
- Patient communicates understanding of treatment plan
- Patient given opportunity to ask questions

Order(s):

Procedures Ordered:

CHRONIC CARE PROVIDER VISIT - FOLLOWUP: miscellaneous, hypertension (htn)
NURSE - VITAL SIGNS DAILY X 14 DAYS: miscellaneous, hypertension (htn)

Stopped Meds:

CLONIDINE HCL 0.2 MG TABLET 00228212850 06/07/2010 13:42
 1 TABS ORAL (PO) BID
STOP DATE: 12/03/2010 13:42 **REFILLS:** 1

Started Meds:

CLONIDINE HCL 0.3 MG TABLET 00228212910 08/27/2010 12:13
 1 TABS ORAL (PO) BID
 Special Instructions: Dc Clonidine 0.2
STOP DATE: 02/22/2011 12:13 **REFILLS:** 0
TOPROL XL 25 MG TABLET SA 00186108805 08/27/2010 12:14
 1 TABS ORAL (PO) QDAILY
STOP DATE: 02/22/2011 12:14 **REFILLS:** 0



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

MEDICAL
CHRONIC CARE NOTE – FOLLOW-UP

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B


Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Parkland MRN:

Date: 08/27/2010 12:05

Electronically Signed by AZEEM, MUHAMMAD M.D. on 08/27/2010.
##And No Others##

 Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas	Patient Name: <u>GREEN, GARY</u>
	Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u> Race: <u>B</u> Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u> AIS Number: <u>2643937</u> Parkland MRN: Date: <u>07/26/2010 13:17</u>

**MEDICAL
CHRONIC CARE NOTE**

Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
Hypertension (htn) First Observed 6/7/2010 01:40PM
Kite First Observed 6/24/2010 01:41AM

Functional Status:

Medication(s): MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
CLONIDINE HCL 0.2 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY

ergies: NO KNOWN ALLERGIES

Current vital signs: 7/26/2010 Blood Pressure: 136 / 93 (Sitting) , Temperature: , Pulse: 76 (Sitting) , Respiration: 18 / min, O2 Saturation: 96 % , Weight: , Height:

CHRONIC CARE


SUBJECT: h/o HTN for f/u, c/o swelling feet, denies ant kidney or liver disease.

HISTORY OF PRESENTING ILLNESS

- HTN (FOLLOW UP)
 - Episodes of chest pains since last visit?
 - No
 - Episodes of shortness of breath since last visit?
 - No
 - Episodes of very high blood pressure since last visit?
 - No
 - Episodes of very low blood pressure since last visit?
 - No

OBJECTIVE:

- Review of Systems
 - Positive, Describe: as above
- General
 - Normal, awake, alert, oriented to person, place and time.
- Head and neck
 - Normal, no evidence of trauma, pupils are round, equal, reactive to light.
- Cardiac
 - Normal, regular rate and rhythm, no murmurs or gallops
- Lungs

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p style="text-align: center;">MEDICAL CHRONIC CARE NOTE</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-In Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>07/26/2010 13:17</u></p>
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- Normal, clear to auscultation bilaterally, no wheezes or rales
- Abdomen
 - Normal, soft, flat, non tender and non distended, bowel sounds are present
- Extremities
 - Abnormal, Describe: 1+ edema ankles.
- Sensory/Motor:
 - Normal reflexes, normal gait, sensory and motor grossly intact bilaterally

Misc Lab Results	02/03/2010 02:05	02/03/2010 01:25	09/26/2009 07:06	09/26/2009 03:04
Glom Filtr	>59		>59	
HDL Choles	38 [L]			
If African	>59		>59	
LDL Choles	111 [H]			
VLDL Chole	32			

UTOMATED CHEMISTRY	02/03/2010 02:05	09/26/2009 07:45	09/26/2009 07:06
BUN	16		11
BUN/CREATININE	16		10
CALCIUM, SERUM	9.3		9.4
CO2 SERUM	25		22
CREATININE BL	0.98		1.09
Chloride, Serum	101		94 [L]
GLUCOSE, BLOOD	87	54 [L]	
POTASSIUM SERUM	4.4		4.7
SODIUM, SERUM	139		139
ALBUMIN SERUM			4.9
ALK PHOS			90
ALT			49
AST			44 [H]
PROTEIN TOT SER			8.3

ASSESSMENT:

- 1- HTN, edema ankles.
 - FAIR: (SBP < 160, DBP < 100)


- 2-Hyperlipidemia, LDL 111.

PLAN:

- 1- HTN, edema ankles possibly due to amlodipine, dc and start HCTZ.

- Vital Sign Check Daily x 14 Days
- Renal Panel - Routine

- 2-Hyperlipidemia, LDL 111, fish oil cap, diet and exercise.

 Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas	Patient Name: <u>GREEN, GARY</u>
	Book-in Number: <u>09073266</u>
MEDICAL CHRONIC CARE NOTE	Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u>
	Race: <u>B</u>
	Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u>
	AIS Number: <u>2643937</u>
	Parkland MRN:
	Date: <u>07/26/2010 13:17</u>

FOLLOW-UP:

- Chronic Care Provider Visit in 14 days
- Follow up as needed

PATIENT EDUCATION:

- I have reviewed the current list of medications for this patient.
- Disease status, health outcome options discussed with patient
- Current treatment discussed with patient.
- Patient communicates understanding of treatment plan
- Patient given opportunity to ask questions

Order(s):

Procedures Ordered:

CHRONIC CARE PROVIDER VISIT - FOLLOWUP: miscellaneous, hypertension (htn)
NURSE - VITAL SIGNS 3 DAYS A WEEK X 30 DAYS: miscellaneous, hypertension (htn)
BASIC METABOLIC PANEL (BMP): hypertension (htn)

Started Meds:

HYDROCHLOROTHIAZIDE 25 MG TAB 00228222196 07/26/2010 13:28
1 TABS ORAL (PO) QDAILY
Special Instructions:Dc Amlodipine 10 Mg
STOP DATE: 01/21/2011 13:28 REFILLS: 1
SEA-OMEGA CAPSULE 00536718706 07/26/2010 13:29
1 CAPS ORAL (PO) BID
STOP DATE: 01/21/2011 13:29 REFILLS: 1

Electronically Signed by AZEEM, MUHAMMAD M.D. on 07/26/2010.
Electronically Signed by JOHNSON, PATRICE on 07/27/2010.
##And No Others##



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**MEDICAL
URGENT CARE NOTE**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B Sex: male

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 06/25/2010 13:07

Current Medical/ Mental Health Conditions:

Functional Status:

Medication(s): MIRTAPAZINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
CLONIDINE HCL 0.2 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY

Allergies: *NO KNOWN ALLERGIES*

SUBJECTIVE: "MY LEFT EAR HAS BEEN HURTING FOR 4 DAYS"

DENIES FEVER, CHILL N, V, DRAINAGE

USES EAR PLUGS DAILY, THINKS WATER GOT TRAPPED

PAST MEDICAL HISTORY:

N	Y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HYPERTENSION, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CORONARY ARTERY DISEASE, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIABETES, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA/COPD, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SIEZURE, If yes, elaborate:

OBJECTIVE: NO ACUTE DISTRESS

ALERT AND ORIENTED TO PERSON PLACE TIME AND EVENT

AFEBRILE VITAL SIGNS WNL

HEAD NORMOCEPHALIC

EYES WITHOUT INJECITON OR ICTERIS

RIGHT EAR CANAL CLEAR WITHOUT EDEMA OR DISCHARGE



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

MEDICAL
URGENT CARE NOTE

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 **Age:** 39 year

Race: B **Sex:** male

Jail Tower: NORTH TOWER 03E **Tank:** 3E03

AIS Number: 2643937

Date: 06/25/2010 13:07

TM INTACT WITH GOOD LIGHT REFLEX AND MOBILITY

LEFT EAR

ERYTHMATOUS TM WITH DISCHARGE IN TM AND IN CANAL

NO EDEMA OF CANAL

TTP WITH MOBILITY

NARES CLEAR WITHOUT DISCHARGE

MOUTH POOR DENTITION WITHOUT ABSCESSSES

THROAT NO ERYTHEMA EXUDATE OR PND

NECK SUPPLE WITHOUT ADENOPATHY

HEART REGULAR RATE S1 S2

LUNGS B CLEAR TO AUSCULTATION

SKIN WARM AND DRY



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**MEDICAL
URGENT CARE NOTE**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B Sex: male

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 06/25/2010 13:07

Current Vital Signs: *(Filled automatically)*

6/25/2010: BP: 149/89 (Sitting) Pulse: 85 (Sitting) Respirations: 18/min Temperature: 97.5 (Oral) Weight:
Height:

ASSESSMENT: OTTIS EXTERNA LEFT

PLAN: WRITTEN TO DELIVER TODAY

AMOXIL 500 MG PO TID 7 DAYS

CORTISPORIN OTIC 3 DROPS LEFT EAR 4 TIMES DAY 5 DAYS


TYLENOL 650 MG PO TID 5 DAYS

ORDERS/FOLLOW-UP: PRN

- ☒ List of all current medications was reviewed.
- ☒ Disease status and current treatment discussed with patient
- ☒ Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by UREY, DIANNE P.A on 06/25/2010.

##And No Others##

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p style="text-align: center;">MEDICAL URGENT CARE NOTE</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>06/07/2010 08:13</u></p>
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Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
 Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
 Depressive Disorder, Nos First Observed 5/27/2010 10:53AM

Functional Status:

Medication(s): *MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING*
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING

Allergies: *NO KNOWN ALLERGIES*

Current Vital Signs: *6/7/2010 Blood Pressure: 160 / 107 (Sitting) , Temperature: 97.6 (Oral) , Pulse: 93 (Sitting) , Respiration: 18 / min, O2 Saturation: 96 % , Weight:, Height:*

SUBJECTIVE: "I HAVE THESE BUMPS ON THE BACK OF MY HEAD"

TIMES ONE WEEK

GOT A HAIR CUT

SORE NOT DRAINING

DENIES FEVER, C HILL, N, , V

PAST MEDICAL HISTORY:

N	Y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HYPERTENSION, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CORONARY ARTERY DISEASE, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIABETES, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA/COPD, If yes, elaborate:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SIEZURE, If yes, elaborate:



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**MEDICAL
URGENT CARE NOTE**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Parkland MRN:

Date: 06/07/2010 08:13

OBJECTIVE: NAD

A ANDO X 4

AF VS ELEVATED BP

OCCIPUT


MULTIPLE PUSTULES AND BOGGYNESS

ASSOCIATED WITH FOLLICLES

MILD B CERVICAL LYMPHADENOPATHY

DIAGNOSTIC LABS/X-RAYS:

Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weigh t (LB)	Heigh t (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
6/7/2010		159 /			92					97					
04:07AM		97													
5/12/2010		140 /			69		18			96.7					
07:59AM		88													
5/11/2010		131 /			76		20			98.3					
8:33PM		88													

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p style="text-align: center;">MEDICAL URGENT CARE NOTE</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>06/07/2010 08:13</u></p>
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ASSESSMENT: HTN
FOLLICULITIS


PLAN:

Started Meds:

OVER-RIDE TYLENOL 325 MG CAPs	50580050130	06/07/2010
2 TABS ORAL (PO) TID		
STOP DATE: 06/12/2010 08:17		REFILLS: 0
RIFAMPIN 300 MG CAPSULE	61748001801	06/07/2010 08:16
1 CAPS ORAL (PO) BID		
STOP DATE: 06/17/2010 08:16		REFILLS: 1
SULFAMETHOXAZOLE-TMP DS TABLET		00185011205
06/07/2010 08:16		
1 TABS ORAL (PO) BID		
STOP DATE: 06/17/2010 08:16		REFILLS: 1

ORDERS/FOLLOW-UP: KEEP CHRONIC CARE APPT

- ☒ List of all current medications was reviewed.
- ☒ Disease status and current treatment discussed with patient

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p>MEDICAL URGENT CARE NOTE</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>06/07/2010 08:13</u></p>
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- ☒ Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by UREY, DIANNE on 06/07/2010.
##And No Others##



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

CHRONIC CLINIC NOTE

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B Sex: male

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 06/07/2010 13:32

Current Medical/ Mental Health Conditions:

Allergies: **NO KNOWN ALLERGIES**

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS (*Name of interpreter, if one was required:*)

38 y/o AAM with h/o HTN for f/u, says he has bumps on back of head and was seen by Dr. Urey today, denies chest pain, SOB, or dizziness.

PAST MEDICAL HISTORY:

No Yes

	<input checked="" type="checkbox"/>	HYPERTENSION, If yes, elaborate:
<input checked="" type="checkbox"/>		CORONARY ARTERY DISEASE, If yes, elaborate:
<input checked="" type="checkbox"/>		DIABETES, If yes, elaborate:
<input checked="" type="checkbox"/>		ASTHMA/COPD, If yes, elaborate:
<input checked="" type="checkbox"/>		SIEZURE, If yes, elaborate:

Other:

REVIEW OF SYSTEMS:

<input checked="" type="checkbox"/>	Review of system negative unless specified: as above
-------------------------------------	--

Other:

PHYSICAL EXAM:

Last Vital Signs:

6/7/2010: Pulse: 93 (*Sitting*) BP: 160 / 107 (*Sitting*) Respirations: 18 / min

Temperature: 97.6 (*Oral*) Weight: Height:

Current Vital Signs: (*Filled automatically*)

6/7/2010: BP: 155 / 94 (*Sitting*) Pulse: 90 (*Sitting*) Respirations: 18 / min

Temperature: 97.5 (*Oral*) Weight: Height:

General Appearance:

Alert, Oriented, No acute distress.

HEENT:

Atraumatic, normocephalic, pupils equal round and reactive to light, extraocular movements intact, no thyromegally or lymphadenopathy. Multiple nodules on back of head some with pus.

Lungs:

Clear to auscultation bilaterally, no wheezing or rales.

CV System:

Regular rate and rhythm, without murmurs.



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

CHRONIC CLINIC NOTE

Patient Name: GREEN, GARY

Book-In Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B Sex: male

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 06/07/2010 13:32

Abdomen:

Soft, non-tender, no organomegally, bowel sounds normal.

Extremities:

No edema, cyanosis or clubbing.

Neurological:

Grossly intact

Labs/ X-ray results:

Misc Lab Results	02/03/2010 02:05	02/03/2010 01:25	09/26/2009 07:06	09/26/2009 03:04
Glom Filtr	>59		>59	
HDL Choles	38 [L]			
If African	>59		>59	
LDL Choles	111 [H]			
VLDL Chole	32			

AUTOMATED CHEMISTRY	02/03/2010 02:05	09/26/2009 07:45	09/26/2009 07:06
BUN	16		11
BUN/CREATININE	16		10
CALCIUM, SERUM	9.3		9.4
CO2 SERUM	25		22
CREATININE BL	0.98		1.09
Chloride, Serum	101		94 [L]
GLUCOSE, BLOOD	87	54 [L]	
POTASSIUM SERUM	4.4		4.7
SODIUM, SERUM	139		139
ALBUMIN SERUM			4.9
ALK PHOS			90
ALT			49
AST			44 [H]
PROTEIN TOT SER			8.3


Medication reconciliation/Patient education:

x	I have reviewed the current list of medications for this patient
x	Disease status, health outcome options, and current treatment discussed with the patient
x	Patient communicates understanding of the treatment plan and given opportunity to ask questions

ASSESSMENT/STATUS/PLAN:

1-HTN, fair control, add clonidine 0.2 mg BID and monitor BP. Not taken meds today.

Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO
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 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p style="text-align: center;">CHRONIC CLINIC NOTE</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-In Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u> Sex: <u>male</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Date: <u>06/07/2010 13:32</u></p>
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6/7/2010
01:14PM

155 / 94

90

18

97.5

98

- 2-Hyperlipidemia, fish oil cap, diet and exercise.
- 3-Folliculitis, antibiotics started by Urey PA.

FOLLOW-UP:

4 weeks


Procedures Ordered:

CHRONIC CARE PROVIDER VISIT - FOLLOWUP:	miscellaneous, hypertension (htn)
NURSE - VITAL SIGNS 3 DAYS A WEEK X 30 DAYS:	miscellaneous, hypertension (htn)

LABS/ X-RAYS/PROCEDURES/REFERRALS:

Started Meds:

CLONIDINE HCL 0.2 MG TABLET	00228212850	06/07/2010 13:42
1 TABS ORAL (PO) BID		
STOP DATE: 12/03/2010 13:42		REFILLS: 1
Electronically Signed by AZEEM, MUHAMMAD on 06/07/2010.		
##And No Others##		

 Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas	Patient Name: <u>GREEN, GARY</u>
	Book-in Number: <u>09073266</u>
PSYCHIATRIC PROVIDER PROGRESS NOTE	Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u>
	Race: <u>B</u>
	Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u>
	AIS Number: <u>2643937</u>
	Parkland MRN:
	Date: <u>09/15/2010 17:24</u>

Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
Hypertension (htn) First Observed 6/7/2010 01:40PM
Kite First Observed 6/24/2010 01:41AM
Dental Problem First Observed 7/29/2010 12:00PM
Chronic Care - F/u First Observed 8/27/2010 12:06PM

Functional Status:

Medication(s): MIRTAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY
LONIDINE HCL 0.3 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
DIPROL XL 25 MG TABLET SA, 1 TABS ORAL (PO) DAILY
VERAPAMIL ER 240 MG TABLET, 1 TABS ORAL (PO) DAILY

Allergies: NO KNOWN ALLERGIES


Current Vital Signs: 9/6/2010 Blood Pressure: 125 / 83 (Sitting) , Temperature: 97 (Oral) , Pulse: 73 (Sitting) , Respiration: 16 / min,
O2 Saturation: 97 % , Weight: , Height:

Pt is no show for psych visit.

Procedures Ordered:

MH - PSYCHIATRIC PROVIDER - FOLLOWUP: miscellaneous, adjustment disorder with depressed mood

Electronically Signed by COTTEN, MARVIN on 09/15/2010.
##And No Others##

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p>PSYCHIATRIC PROVIDER PROGRESS NOTE</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>05/27/2010 10:53</u></p>
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Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM

Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM

Depressive Disorder, Nos First Observed 5/27/2010 10:53AM

Functional Status:

Medication(s): Reviewed.

Allergies: NKDA

Current Vital Signs: 5/12/2010 Blood Pressure: 140 / 88 (Sitting) , Temperature: 96.7 (Oral) , Pulse: 69 (Sitting) , Respiration: 18 / min, O2 Saturation: , Weight:, Height:

< Paste Tree Here >

MH-PSYCHIATRIC PROVIDER PROGRESS NOTE

Reason For Evaluation

- Regular follow-up

Patient Primary Language

- English

Patient Preferred Language

- English

Sources Of Information/Reliability

- Patient
 - Good Reliability
- Prior Record
 - Good Reliability

Location Of Evaluation

- Interview Room

Subjective Report: Per client, his only problem is difficulty sleeping, saying remeron and atarax still does not help. Denied any other complaint. Does not feel depressed but worried about his case and situation.

Objective Report: NAD! Well groomed and polite. Cooperative, attentive with good eye contact, no AIMS noted, speech normal in tone and rate, affect normal or appropriate, mood: euthymic. Thought pattern devoid of delusion, hallucination or si/hi, coherent, logical, linear and goal directed. Perception intact. Insight and judgement considered normal.

Core Symptoms Scores (Rating From 1-10)

- Mania
 - Score = 0
- Depression
 - Score = 0
- Positive Symptoms Of Schizophrenia Score = 0
- Negative Symptoms of Schizophrenia Score = 0



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

PSYCHIATRIC PROVIDER PROGRESS NOTE

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Parkland MRN:

Date: 05/27/2010 10:53

Other Symptoms

- Irritability
 - Score= 0
- Mood Lability
 - Score= 0
- Agitation
 - Score= 0
- Anxiety
 - Score= 0
- Level of Interest
 - Score= 8
- Energy Level
 - Score= 5
- Insomnia
 - Score= 6

Suicidal Risk Assessment

- Patient denies he/she is suicidal

Homicidal Risk Assessment

- Patient denies he/she is homicidal

Labs Reviewed


- Reviewed

Assessment: Client did seem some what tired sugesting inadequate sleep but client is not considered depressed.

Currently on remeron 30mg and atarax 50mg pm. Will advance remeron to 45mg PM.

Treatment/Management Plan

- Medication Review
 - Patient is medication compliant
 - Yes
 - Side effects reported
 - None reported
 - Medication response
 - Partial response
 - Medication changed
 - Rationale to change
 - Insufficient improvement
- A.I.M.S.
 - Total Score = 0
- Diagnosis Review
 - There are no changes to patient diagnosis at this time
 - Patient diagnosis to change
 - Axis 5: 60
- Suicide Precaution Ordered
 - No

 Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas	Patient Name: <u>GREEN, GARY</u>
	Book-in Number: <u>09073266</u>
PSYCHIATRIC PROVIDER PROGRESS NOTE	Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u>
	Race: <u>B</u>
	Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u>
	AIS Number: <u>2643937</u>
	Parkland MRN:
	Date: <u>05/27/2010 10:53</u>

- Patient Education
 - Patient provided education about risk/benefit of medication
 - Yes
 - Plan of care, follow-up, access to care and any other questions addressed
 - Yes
 - Patient verbalized understanding and agreed
 - Yes
- Follow-up
 - Scheduled or ensured reminder in EMR

Procedures Ordered:

MH - PSYCHIATRIC PROVIDER - FOLLOWUP: miscellaneous, depressive disorder, nos

Started Meds:

ATARAX 50MG TABS 50111030903 05/27/2010 11:10
1 TABS ORAL (PO) QPM
Special Instructions: Continuation
STOP DATE: 11/22/2010 11:10 REFILLS: 1
MIRTAZAPINE 45 MG TABLET 00185022230 05/27/2010 11:09
1 TABS ORAL (PO) QPM
Special Instructions: Advance To 45mg
STOP DATE: 11/22/2010 11:09 REFILLS: 1

Electronically Signed by ADAMS, GODWIN on 05/27/2010.
##And No Others##



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**NURSING
KITE RESPONSE NOTE
(SICK CALL)**

Page 1 of 2

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 09/24/2010 04:35

Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
Hypertension (htn) First Observed 6/7/2010 01:40PM
Kite First Observed 6/24/2010 01:41AM
Dental Problem First Observed 7/29/2010 12:00PM
Chronic Care - F/u First Observed 8/27/2010 12:06PM

Functional Status:

Medication(s):

MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY
CLONIDINE HCL 0.3 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
TOPROL XL 25 MG TABLET SA, 1 TABS ORAL (PO) DAILY
VERAPAMIL ER 240 MG TABLET, 1 TABS ORAL (PO) DAILY

Allergies: NO KNOWN ALLERGIES

Response to Kite(s) dated: 09/19/10


SUBJECTIVE: per kite requesting Benzoyl Peroxide for my face very oily,acne/bumps.

OBJECTIVE:

Today's Vitals: (Filled automatically)

9/24/2010: BP: 125 / 83 (Sitting) Pulse: 73 (Sitting) Respirations: 16 / min Temperature: 97 (Oral)

Weight: Height:


 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p style="text-align: center;">NURSING KITE RESPONSE NOTE (SICK CALL)</p> <p style="text-align: center;">Page 2 of 2</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Date: <u>09/24/2010 04:35</u></p>
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PLAN: refer to provider for further eval.

ORDERS/FOLLOW-UP/ REFERRALS:

	List of all current medications was reviewed.
x Procedures Ordered: URGENT CARE MEDICAL PROVIDER VISIT - KITE: kite	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by GILBERT, CAROLYNE on 09/24/2010.
 ##And No Others##

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p>NURSING KITE RESPONSE NOTE (SICK CALL)</p> <p>Page 1 of 2</p>	<p>Patient Name: <u>GREEN, GARY</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u> Race: <u>B</u> Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u> AIS Number: <u>2643937</u> Date: <u>09/04/2010 18:23</u></p>
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Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
Hypertension (htn) First Observed 6/7/2010 01:40PM
Kite First Observed 6/24/2010 01:41AM
Dental Problem First Observed 7/29/2010 12:00PM
Chronic Care - F/u First Observed 8/27/2010 12:06PM

Functional Status:

Medication(s):

MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY
CLONIDINE HCL 0.3 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
TOPROL XL 25 MG TABLET SA, 1 TABS ORAL (PO) DAILY
VERAPAMIL ER 240 MG TABLET, 1 TABS ORAL (PO) DAILY

Allergies: *NO KNOWN ALLERGIES*

Response to Kite(s) dated:


SUBJECTIVE:

Kite visit

OBJECTIVE:

Today's Vitals: (Filled automatically)

9/2010: BP: 101 / 66 (Sitting) Pulse: 82 (Sitting) Respirations: 18 / min Temperature: 98.1
Weight: Height:

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p>NURSING KITE RESPONSE NOTE (SICK CALL)</p> <p>Page 2 of 2</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Date: <u>09/04/2010 18:23</u></p>
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ASSESSMENT:

AAM to get Verapamil 240mg which was written on 9/1/10. Pt just asking where his meds are at. Informed meds will take time to arrive from pharmacy. Pt verbalized understanding.


PLAN:

No further action needed, just awaiting meds

ORDERS/FOLLOW-UP/ REFERRALS:

<input checked="" type="checkbox"/>	List of all current medications was reviewed.
<input checked="" type="checkbox"/>	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by FASHEYIDE, KEMI on 09/04/2010.
##And No Others##

 Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas NURSE NOTE	Patient Name: <u>GREEN, GARY</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u> Race: <u>B</u> Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u> AIS Number: <u>2643937</u> Parkland MRN: Date: <u>08/29/2010 22:52</u>
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Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
 Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
 Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
 Hypertension (htn) First Observed 6/7/2010 01:40PM
 Kite First Observed 6/24/2010 01:41AM
 Dental Problem First Observed 7/29/2010 12:00PM
 Chronic Care - F/u First Observed 8/27/2010 12:06PM

Functional Status:

Medication(s): *MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING*
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
LA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY
CLONIDINE HCL 0.3 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
TOPROL XL 25 MG TABLET SA, 1 TABS ORAL (PO) DAILY
VERAPAMIL ER 240 MG TABLET, 1 TABS ORAL (PO) DAILY

Allergies: *NO KNOWN ALLERGIES*

Current vital signs: 8/29/2010 *Blood Pressure: 171 / 111 (Sitting) , Temperature:, Pulse:70 (Sitting) , Respiration: 18 / min, O2Saturation: 100 % , Weight: , Height:*

Blood pressure reevaluated after last reading of 208/117 with heart rate of 72. Patient is alert and oriented X3 and asymptomatic at this time. Vitals as above. MAP provider Wendy Joseph notified of current meds and history. Orders received for verapamil 240mg daily X90 days. First dose starting now. Medications given as ordered.

Disposition (type an 'X' in the square to the left to all that apply):

<input checked="" type="checkbox"/>	Back to tank	<input type="checkbox"/>	ER	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Holdover
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The patient was educated on Plan of care, Follow up, Current medications, Access to care, all questions addressed and the patient verbalized understanding
 Yes- patient voices understanding

☐ **Order(s):** *Follow-up Plan, vitals, Finger stick Blood sugars, wound care, referrals, etc*
 <Place Orders Here>



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

NURSE NOTE

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 **Age:** 39 year

Race: B


Jail Tower: NORTH TOWER 03E **Tank:** 3E03

AIS Number: 2643937

Parkland MRN:

Date: 08/29/2010 22:52

Electronically Signed by WATKINS, COLBIE on 08/29/2010.
Electronically Signed by JOSEPH, WENDY P.A on 09/13/2010.
##And No Others##

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p>NURSING KITE RESPONSE NOTE (SICK CALL)</p> <p>Page 1 of 2</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>03/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Date: <u>08/21/2010 03:01</u></p>
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Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
Hypertension (htn) First Observed 6/7/2010 01:40PM
Kite First Observed 6/24/2010 01:41AM
Dental Problem First Observed 7/29/2010 12:00PM

Functional Status:

Medication(s):

MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
CLONIDINE HCL 0.2 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY
IBUPROFEN 200 MG TABLET, 2 TABS ORAL (PO) TWICE DAILY

Allergies: *NO KNOWN ALLERGIES*

Response to Kite(s) dated:

Patient seen in clinic for attached kite. No swelling noted to feet at this time. Patient notified that provider had seen him on 7/26/2010 and HCTZ and ibuprofen was ordered for feet. Patient currently ordered HCTZ at this time. Patient educated to continue with meds as ordered.

OBJECTIVE:

Today's Vitals: (Filled automatically)

8/21/2010: BP: 163 / 102 (Sitting) Pulse: 78 (Sitting) Respirations: 16 / min Temperature:
Weight: Height:



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**NURSING
KITE RESPONSE NOTE
(SICK CALL)**

Page 2 of 2

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 08/21/2010 03:01

ASSESSMENT:

PLAN:

ORDERS/FOLLOW-UP/ REFERRALS:

	List of all current medications was reviewed.
	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by WATKINS, COLBIE on 08/21/2010.
##And No Others##



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**NURSING
KITE RESPONSE NOTE
(SICK CALL)**

Page 1 of 2

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 08/21/2010 02:58

Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
Hypertension (htn) First Observed 6/7/2010 01:40PM
Kite First Observed 6/24/2010 01:41AM
Dental Problem First Observed 7/29/2010 12:00PM

Functional Status:

Medication(s):

MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
CLONIDINE HCL 0.2 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY
IBUPROFEN 200 MG TABLET, 2 TABS ORAL (PO) TWICE DAILY

Allergies: NO KNOWN ALLERGIES

Response to Kite(s) dated:

Vitals signs ordered BID. Patient is alert and oriented X3 upon assessment and encouraged to continue medications as ordered until otherwise changed by provider. Complains of dizziness when going from laying down to standing position. Patient encouraged to sit upright, then place both feet on the floor for approximately 30 seconds to one minute prior to standing. Will continue to monitor vitals.

OBJECTIVE:

Today's Vitals: (Filled automatically)

8/21/2010: BP: 163 / 102 (Sitting) Pulse: 78 (Sitting) Respirations: 16 / min Temperature:

Weight: Height:



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**NURSING
KITE RESPONSE NOTE
(SICK CALL)**

Page 2 of 2

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 08/21/2010 02:58

ASSESSMENT:

PLAN:

ORDERS/FOLLOW-UP/ REFERRALS:

	List of all current medications was reviewed.
	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by WATKINS, COLBIE on 08/21/2010.
##And No Others##



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**TOOTHACHE
GUIDELINE**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B Sex: male

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 08/17/2010 05:59

Current Medical/ Mental Health Conditions: <~ALL_ACTIVE_PROBLEMS~>

Functional Status:

Medication(s): *MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING*
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
CLONIDINE HCL 0.2 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
SEA-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY

Allergies: NO KNOWN ALLERGIES

SUBJECTIVE:

Duration of tooth ache: 2-3 weeks

N Y

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the tooth ache related to trauma
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subjective fever

OBJECTIVE:

Current vital signs: 8/13/2010: BP: 146 / 105 (Sitting) Pulse: 73 (Sitting) Respirations: 16 / min Temperature: 96.7 (Oral) Weight: Height:

N Y

<input type="checkbox"/>	<input type="checkbox"/>	List of all current medications was reviewed.
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ASSESSMENT (assess each indicator and check all that apply):

Indications for IMMEDIATE referral to provider:

N Y

<input type="checkbox"/>	<input type="checkbox"/>	Temperature 101.0> F or greater
<input type="checkbox"/>	<input type="checkbox"/>	Pulse > 110
<input type="checkbox"/>	<input type="checkbox"/>	Systolic blood pressure less than 90 mmHg
<input type="checkbox"/>	<input type="checkbox"/>	Purulent or bloody drainage
<input type="checkbox"/>	<input type="checkbox"/>	Severe facial swelling or edema
<input type="checkbox"/>	<input type="checkbox"/>	Facial erythema

PLAN:

Tooth ache WITH any of the above indications for IMMEDIATE referral to provider:

<input type="checkbox"/>	To provider clinic now, Time:
<input type="checkbox"/>	Notify the provider on call (after hours, weekends and holidays). Name of provider notified:



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

**TOOTHACHE
GUIDELINE**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Age: 39 year

Race: B Sex: male

Jail Tower: NORTH TOWER 03E Tank: 3E03

AIS Number: 2643937

Date: 08/17/2010 05:59

Tooth ache with possible dental abscess (mild swelling/ redness of the gums but without bleeding or purulent drainage):
Please note that antibiotic therapy requires provider orders (signature or telephone order)

<input type="checkbox"/>	If no penicillin allergy: Amoxicillin 500 mg by mouth three times daily for 7 days, may keep on person (KOP)
<input type="checkbox"/>	If penicillin allergy: Clindamycin 300 mg by mouth four times daily for 7 days, may keep on person (KOP)
<input type="checkbox"/>	If no allergy to aspirin: Ibuprofen 200mg two tablets by mouth twice daily for 5 days, may keep on person (KOP)
<input type="checkbox"/>	If allergic to aspirin: Acetaminophen 325 mg two tablets by mouth twice daily for 5 days, may keep on person (KOP)
<input type="checkbox"/>	Refer to dental clinic within 3 days. Date of dental clinic appointment:
<input type="checkbox"/>	Schedule daily nurse visits until seen by dental clinic or tooth ache resolved.

Tooth ache WITHOUT any of the above indications for IMMEDIATE referral to provider:

<input checked="" type="checkbox"/>	If no allergy to aspirin: Ibuprofen 200mg two tablets by mouth twice daily for 5 days, may keep on person (KOP)
<input type="checkbox"/>	If allergic to aspirin: Acetaminophen 325 mg two tablets by mouth twice daily for 5 days, may keep on person (KOP)

Self care and patient teaching:

<input checked="" type="checkbox"/>	Take prescribed medications as directed and until finished
<input checked="" type="checkbox"/>	Drink plenty of fluids to maintain adequate hydration to keep secretions from thickening
<input checked="" type="checkbox"/>	Return to clinic or notify medical staff immediately if symptoms change in character or worsen in severity
<input checked="" type="checkbox"/>	Current impression and current treatment discussed with patient
<input checked="" type="checkbox"/>	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures.

Comments:

Electronically Signed by GILBERT, CAROLYNE on 08/17/2010.

##And No Others##



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

NURSE NOTE

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 **Age:** 39 year

Race: B

Jail Tower: NORTH TOWER 03E **Tank:** 3E03

AIS Number: 2643937

Parkland MRN:

Date: 08/17/2010 05:53

Current Medical/ Mental Health Conditions:

Miscellaneous First Observed 5/10/2010 05:12PM
 Adjustment Disorder With Depressed Mood First Observed 5/27/2010 10:53AM
 Depressive Disorder, Nos First Observed 5/27/2010 10:53AM
 Hypertension (htn) First Observed 6/7/2010 01:40PM
 Kite First Observed 6/24/2010 01:41AM
 Dental Problem First Observed 7/29/2010 12:00PM

Functional Status:

Medication(s): *MIRTAZAPINE 45 MG TABLET, 1 TABS ORAL (PO) EVERY EVENING*
ATARAX 50MG TABS, 1 TABS ORAL (PO) EVERY EVENING
CLONIDINE HCL 0.2 MG TABLET, 1 TABS ORAL (PO) TWICE DAILY
HYDROCHLOROTHIAZIDE 25 MG TAB, 1 TABS ORAL (PO) DAILY
A-OMEGA CAPSULE, 1 CAPS ORAL (PO) TWICE DAILY

Allergies: *NO KNOWN ALLERGIES*

Current vital signs: 8/13/2010 *Blood Pressure: 146 / 105 (Sitting) , Temperature: 96.7 (Oral) , Pulse: 73 (Sitting) , Respiration: 16 / min, O2 Saturation: 99 % , Weight: , Height:*

Objective:

Assessment: since this was written patient has had dental work as requested in kite.

Plan: kite issue resolved

Disposition (type an 'X' in the square to the left to all that apply):

<input type="checkbox"/>	Back to tank	<input type="checkbox"/>	ER	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Holdover
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The patient was educated on Plan of care, Follow up, Current medications, Access to care, all questions addressed and the patient verbalized understanding



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

NURSE NOTE

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 **Age:** 39 year

Race: B

Jail Tower: NORTH TOWER 03E **Tank:** 3E03

AIS Number: 2643937

Parkland MRN:

Date: 08/17/2010 05:53

Order(s): *Follow-up Plan, vitals, Finger stick Blood sugars, wound care, referrals, etc*
<Place Orders Here>

Electronically Signed by GILBERT, CAROLYNE on 08/17/2010.
##And No Others##

ESMAELL, PORSA, M.D.

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: PATTERSON, GLENDA


MOTRIN 400MG TABS
Sig: 1 x TABS ORAL (PO) TWICE DAILY
Order Date: 10/02/2010 14:42
Start Date: 10/02/2010 14:00
Auto Stop Date: 10/07/2010 14:00
Special
Instructions: TAKE 1 TABET BY MOUTH TWICE DAILY

Disp. #: 10 TABS
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 10/02/2010

Electronically Signed by ISIAKA, OLADOYIN P.A on 10/02/2010.
##And No Others##

Scanned by LOERA, MARIA in facility DALLAS COUNTY JAIL on 09/01/2010 14:00

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p>MEDICATION ADMINISTRATION RECORD TEMPORARY</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>3/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>8/29/2010 10:57PM</u></p>
--	---

Ordering Provider: Wendy Brown
 (Print Provider Name)

Allergies: NO KNOWN ALLERGIES

	Drug Dose/ Route/ Frequency	Start Date	Stop Date	Day 1				Day 2				Day 3			
				0600-1159	1200-1759	1800-2359	2400-0659	0600-1159	1200-1759	1800-2359	2400-0659	0600-1159	1200-1759	1800-2359	2400-0659
	<u>Viagra 100mg</u> <u>50mg daily x 10 days</u>				<u>W</u>					<u>W</u>					


Initial <u>WB</u> Signature <u>Wendy Brown</u>	Initial _____ Signature _____
Initial _____ Signature _____	Initial _____ Signature _____
Initial _____ Signature _____	Initial _____ Signature _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.

1 of 1

Scanned by LOEBA MARIA in facility DALLAS COUNTY JAIL on 09/01/2010 14:00

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p> <p>MEDICATION ADMINISTRATION RECORD TEMPORARY</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>3/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>8/29/2010 10 57PM</u></p>
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Ordering Provider: Wendy Esch
 (Print Provider Name)

Allergies: NO KNOWN ALLERGIES

	Drug Dose/ Route/ Frequency	Start Date	Stop Date	Day 1				Day 2				Day 3			
				0600-1159	1200-1759	1800-2359	2400-0659	0600-1159	1200-1759	1800-2359	2400-0659	0600-1159	1200-1759	1800-2359	2400-0659
	<u>Viagra 100mg</u>				<u>QD</u>						<u>QD</u>				
	<u>840mg daily x 9 days</u>				<u>QD</u>						<u>QD</u>				

Initial <u>WE</u> Signature <u>Wendy Esch</u>	Initial _____ Signature _____
Initial _____ Signature _____	Initial _____ Signature _____
Initial _____ Signature _____	Initial _____ Signature _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

WENDY JOSEPH, P.A.

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: WATKINS, COLBIE

VERAPAMIL HCL 240 MG TABS
Sig: 1 x TABS ORAL (PO) DAILY
Order Date: 08/29/2010 22:51
Start Date: 08/29/2010 22:51
Auto Stop Date: 11/26/2010 22:51
Special
Instructions: GIVE FIRST DOSE NOW

Disp. #: 90 TABS
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 08/29/2010

Electronically Signed by JOSEPH, WENDY P.A on 09/13/2010.
##And No Others##

MUHAMMAD AZEEM, M.D.

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: AZEEM, MUHAMMAD M.D.

CATAPRES 0.3MG TABS
Sig: 1 x TABS ORAL (PO) TWICE DAILY
Order Date: 08/27/2010 12:13
Start Date: 08/27/2010 12:13
Auto Stop Date: 02/22/2011 12:13
Special
Instructions: DC CLONIDINE 0.2

Disp. #: 360 TABS
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 08/27/2010

TOPROL XL 25MG TABS
Sig: 1 x TABS ORAL (PO) DAILY
Order Date: 08/27/2010 12:14
Start Date: 08/27/2010 12:14
Auto Stop Date: 02/22/2011 12:14

Disp. #: 180 TABS
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 08/27/2010

Prescription Electronically Signed
by MUHAMMAD AZEEM, M.D.

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: GILBERT, CAROLYNE


ADVIL 200MG TABS
Sig: 2 x TABS ORAL (PO) TWICE DAILY
Order Date: 08/17/2010 06:07
Start Date: 08/17/2010 06:07
Auto Stop Date: 08/22/2010 06:07
Special
Instructions: TAKE AS DIRECTED

Disp. #: 20 TABS
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 08/17/2010

Electronically Signed by PORSA, ESMAEIL M.D. on 08/17/2010.
##And No Others##

Scanned by LOERA, MARIA in facility DALLAS COUNTY JAIL on 08/03/2010 08:57

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p>	<p>Patient Name: <u>GREEN, GARY</u> Book-in Number: <u>09073266</u> Date of Birth: <u>3/14/1971</u> Age: <u>39 year</u> Race: <u>B</u> Jail Tower <u>NORTH TOWER 03E</u> Tank: <u>3E03</u> AIS Number: <u>2643937</u> Parkland MRN: Date: <u>7/29/2010 09 00AM</u></p>
	<p>MEDICATION ADMINISTRATION RECORD TEMPORARY</p>

Ordering Provider: Tim Nordhoff DMD
 (Print Provider Name)

Allergies: NO KNOWN ALLERGIES

	Drug Dose/ Route/ Frequency	Start Date	Stop Date	Day 1				Day 2				Day 3			
				0600-1159	1200-1759	1800-2359	2400-0659	0600-1159	1200-1759	1800-2359	2400-0659	0600-1159	1200-1759	1800-2359	2400-0659
	<u>Ibuprofen</u> <u>800 mg / po / qid</u>	<u>7/29/10</u>	<u>8/3/10</u>												

Initial _____ Signature <u>[Signature]</u>	Initial _____ Signature _____
Initial _____ Signature _____	Initial _____ Signature _____
Initial _____ Signature _____	Initial _____ Signature _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

VAISH IYER,

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: IYER, VAISH

MOTRIN 800MG TABS

Sig: 1 x TABS ORAL (PO) FOUR TIMES DAILY TAKE AS NEEDED
Order Date: 07/29/2010 11:59
Start Date: 07/29/2010 11:59
Auto Stop Date: 08/03/2010 11:59

Disp. #: 20 TABS
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 07/29/2010

Prescription Electronically Signed
by VAISH IYER,

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: AZEEM, MUHAMMAD M.D.

HYDRODIURIL 25MG TABS
Sig: 1 x TABS ORAL (PO) DAILY
Order Date: 07/26/2010 13:28
Start Date: 07/26/2010 13:28
Auto Stop Date: 01/21/2011 13:28
Special
Instructions: DC AMLODIPINE 10 MG

Disp. #: 180 TABS
Refills: 1 Before: 01/21/2011 13:28

Allow Generic - No product selection indicated
Rx Written On: 07/26/2010


SEA-OMEGA CAPS
Sig: 1 x CAPS ORAL (PO) TWICE DAILY
Order Date: 07/26/2010 13:29
Start Date: 07/26/2010 13:29
Auto Stop Date: 01/21/2011 13:29

Disp. #: 360 CAPS
Refills: 1 Before: 01/21/2011 13:29

Allow Generic - No product selection indicated
Rx Written On: 07/26/2010

Prescription Electronically Signed
by MUHAMMAD AZEEM, M.D.

Scanned by RODRIGUEZ, MONICA in facility DALLAS COUNTY JAIL on 07/05/2010 14:37

 <p>Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas</p>	<p>Patient Name: <u>GREEN, GARY</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Date of Birth: <u>3/14/1971</u> Age: <u>39 year</u></p> <p>Race: <u>B</u></p> <p>Jail Tower: <u>NORTH TOWER 03E</u> Tank: <u>3E03</u></p> <p>AIS Number: <u>2643937</u></p> <p>Parkland MRN:</p> <p>Date: <u>6/25/2010 01 01PM</u></p>
	<p>MEDICATION ORDER FORM</p>

Ordering Provider (PRINT NAME) Unrey

Allergies: NO KNOWN ALLERGIES

DC	Chg	KOP	Drug	Dose	Route	Schedule	Duration-Days (Max 90)	Indication
		✓	Amoxil	500mg	po	tid	7D	Orti'is Externa
		✓	Cortisporin	Ofu	3 drops	4 X day	5 days	"
		✓	Tylenol	625mg	po	tid	5 days	"

Signature of Healthcare Professional

Printed Name of Healthcare Professional

ID Number

Date/Time

Phone Number

Pager Number

Fax Number

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***

TIMA P/LU



MUHAMMAD AZEEM,

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: AZEEM, MUHAMMAD

CATAPRES 0.2MG TABS
Sig: 1 x TABS ORAL (PO) TWICE DAILY
Order Date: 06/07/2010 13:42
Start Date: 06/07/2010 13:42
Auto.Stop Date: 12/03/2010 13:42

Disp. #: 360 TABS
Refills: 1 Before: 12/03/2010 13:42

Allow Generic - No product selection indicated
Rx Written On: 06/07/2010

Prescription Electronically Signed
by MUHAMMAD AZEEM,

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: UREY, DIANNE

BACTRIM DS 800-160MG TABS
Sig: 1 x TABS ORAL (PO) TWICE DAILY
Order Date: 06/07/2010 08:16
Start Date: 06/07/2010 08:16
Auto Stop Date: 06/17/2010 08:16

Disp. #: 20 TABS
Refills: 1 Before: 06/17/2010 08:16

Allow Generic - No product selection indicated
Rx Written On: 06/07/2010

RIFADIN 300MG CAPS
Sig: 1 x CAPS ORAL (PO) TWICE DAILY
Order Date: 06/07/2010 08:16
Start Date: 06/07/2010 08:16
Auto Stop Date: 06/17/2010 08:16

Disp. #: 20 CAPS
Refills: 1 Before: 06/17/2010 08:16

Allow Generic - No product selection indicated
Rx Written On: 06/07/2010

Prescription Electronically Signed
by DIANNE UREY,

PATIENT: GREEN, GARY
415 KONAWARD
DALLAS, TX
MRN: 2643937
DOB: 03/14/1971
ROOM / BED: 3E03 / CN
User: ADAMS, GODWIN

REMERON 45MG TABS
Sig: 1 x TABS ORAL (PO) EVERY EVENING
Order Date: 05/27/2010 11:09
Start Date: 05/27/2010 11:09
Auto Stop Date: 11/22/2010 11:09
Special
Instructions: ADVANCE TO 45MG

Disp. #: 180 TABS
Refills: 1 Before: 11/22/2010 11:09

Allow Generic - No product selection indicated
Rx Written On: 05/27/2010

ATARAX 50MG TABS
Sig: 1 x TABS ORAL (PO) EVERY EVENING
Order Date: 05/27/2010 11:10
Start Date: 05/27/2010 11:10
Auto Stop Date: 11/22/2010 11:10
Special
Instructions: CONTINUATION

Disp. #: 180 TABS
Refills: 1 Before: 11/22/2010 11:10

Allow Generic - No product selection indicated
Rx Written On: 05/27/2010

Prescription Electronically Signed
by GODWIN ADAMS,

CLINICAL NOTE
DALLAS COUNTY JAIL

Patient Name: GREEN, GARY
MRN: 2643937
Social Security #: 465479293

MED - URGENT CARE MEDICAL PROVIDER VISIT - KITE Entered 10/04/2010 10:12 by HODGE, KRYSTAL

d/o crt

XRAY - CHEST - TB Entered 10/04/2010 11:00 by SOULE, JARROD

in court per DSO.

CLINICAL NOTE
DALLAS COUNTY JAIL

Patient Name: GREEN, GARY

MRN: 2643937

Social Security #: 465479293

MED - URGENT CARE MEDICAL PROVIDER VISIT - KITE Entered 09/29/2010 09:06 by HODGE, KRYSTAL

d/o crt

CLINICAL NOTE
DALLAS COUNTY JAIL

Patient Name: GREEN, GARY
MRN: 2643937
Social Security #: 465479293

NURSE - KITE VISIT Entered 09/24/2010 04:44 by GILBERT, CAROLYNE

kite completed.

3 - BED HOLD
H - HOSPITAL
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
/ - MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

- 1. Orally
- 2. Right Dorsal Gluteus
- 3. Left Dorsal Gluteus
- 4. Right Ventral Gluteus
- 5. Left Ventral Gluteus
- 6. Right Lateral Thigh
- 7. Left Lateral Thigh
- 8. Right Deltoid
- 9. Left Deltoid
- 10. Right Upper Arm
- 11. Left Upper Arm
- 12. Right Anterior Thigh
- 13. Left Anterior Thigh
- 14. Upper Back Left
- 15. Upper Back Right
- 16. Upper Chest Left
- 17. Upper Chest Right
- 18. To Right and Above Umbilicus
- 19. To Left and Above Umbilicus
- 20. To Right and Below Umbilicus
- 21. To Left and Below Umbilicus
- 22. Medipont
- 23. Right Nare
- 24. Left Nare
- 25. Right Hip
- 26. Left Hip
- 27. Both Nares
- 28. Right Ear
- 29. Left Ear
- 30. Both Ears
- 31. Rectum
- 32. Other

33.

Resident Med Order	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMLODIPINE BESYLATE 10MG TABS 3/3/2010 Generic for: NORVASC 10MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	08:00A	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1
CLONDINE HCL 0.2MG TABS 4/22/2010 Generic for: CATAPRES 0.2MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	08:00A	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1
HYDROCHLOROTHIAZIDE 25MG TABS 11/13/2009 Generic for: HYDRODIURIL 25MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	08:00A	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1
HYDROXYZINE HCL 50MG TABS 5/30/2010 Generic for: ATARAX 50MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	08:00P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MIRTAZAPINE 45MG TABS 5/30/2010 Generic for: REMERON 45MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	08:00P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PAROXETINE HCL 40MG TABS 4/12/2010 Generic for: PAXIL 40MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY - START ON 4/7/10	08:00A	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1	M1

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY *

Location: NORT 3EY3
Diagnosis: NONE

[illegible]

Instructions: Initial appropriate box when medication given. Circle initials when medication refused. Indicate injection route. State reason for refusal of medication. State reason and result for PRN medications.

Instructions: Initial appropriate box when medication given. Circle initials when medication refused. Indicate injection route. State reason for refusal of medication. State reason and route for PRN medications.		FULL SIGNATURE AND TITLE		FULL SIGNATURE AND TITLE		FULL SIGNATURE AND TITLE	
INIT	INIT	INIT	INIT	INIT	INIT	INIT	INIT
otb							
	01b						
	01f						
	01g						
	02						
	03m						
	000						
	001						
	011						

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

For: May 2010

Report created by Accu-Flo

See section 2 for Verifying Signatures

Instructions:

A. SUGGEST REFUSED WITHHELD MEDICATION

B. WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN

SITE KEY:

- | | | | |
|--------------------------|--------------------------|----------------------------------|----------------|
| 1. Orally | 9. Left Deltoideus | 17. Upper Chest Right | 25. Right Hip |
| 2. Right Dorsal Gluteus | 10. Right Upper Arm | 18. To Right and Above Umbilicus | 26. Left Hip |
| 3. Left Dorsal Gluteus | 11. Left Upper Arm | 19. To Left and Above Umbilicus | 27. Left Hip |
| 4. Right Ventral Gluteus | 12. Right Anterior Thigh | 20. To Right and Below Umbilicus | 28. Both Nares |
| 5. Left Ventral Gluteus | 13. Left Anterior Thigh | 21. To Left and Below Umbilicus | 28. Right Ear |
| 6. Right Lateral Thigh | 14. Upper Back Left | 22. Medipoint | 29. Left Ear |
| 7. Left Lateral Thigh | 15. Upper Back Right | 23. Right Nare | 30. Both Ears |
| 8. Right Deltoideus | 16. Upper Chest Left | 24. Left Nare | 31. Rectum |
| | | | 32. Other |
- 33.

[illegible]

MedRecNo: 2843937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

Resident: GARY GREEN
Diet: NONE

For: May 2010

Report created by Accu-Flo

B - BED HOLD
H - HOSPITAL
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
I - MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Right
15. Upper Back Left
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

Medication	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
ACETAMINOPHEN 325MG TABS Generic for: TYLENOL 325MG TABS TAKE TWO TABLET(S) THREE TIMES DAILY BY MOUTH AS NEEDED	08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AMLODIPINE BESYLATE 10MG TABS 3/2/2010 Generic for: NORVASC 10MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	08:00A																													
DIC - 06/09/2010 3:56:55 PM CLONIDINE HCL 0.2MG TABS 4/22/2010 Generic for: CATAPRES 0.2MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	08:00A																													
CLONIDINE HCL 0.2MG TABS 6/10/2010 Generic for: CATAPRES 0.2MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HYDROXYZINE HCL 50MG TABS 5/30/2010 Generic for: ATARAX 50MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	08:00P																													
MIRTAZAPINE 45MG TABS 5/30/2010 Generic for: REMERON 45MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	08:00P																													
PAROXETINE HCL 40MG TABS 4/1/2010 Generic for: PAXIL 40MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY - START ON 4/1/10	08:00A																													

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY

Location: NORT 3E
Diagnosis: NON

MAR Page

B -	BED HOLD
H -	HOSPITAL
L -	LEAVE OF ABSENCE
X -	NOT DUE
Ø -	NOT ADMINISTERED
/ -	MISS DOSE
IS -	SELF ADMINISTERED

SITE KEY:

- | | | | |
|--------------------------|--------------------------|----------------------------------|----------------|
| 1. Orally | 9. Left Detoid | 17. Upper Chest Right | 25. Right Hip |
| 2. Right Dorsal Gluteus | 10. Right Upper Arm | 18. To Right and Above Umbilicus | 26. Left Hip |
| 3. Left Dorsal Gluteus | 11. Left Upper Arm | 19. To Left and Above Umbilicus | 27. Both Nares |
| 4. Right Ventral Gluteus | 12. Right Anterior Thigh | 20. To Right and Below Umbilicus | 28. Right Ear |
| 5. Left Ventral Gluteus | 13. Left Anterior Thigh | 21. To Left and Below Umbilicus | 29. Left Ear |
| 6. Right Lateral Thigh | 14. Upper Back Left | 22. Medipoint | 30. Both Ears |
| 7. Left Lateral Thigh | 15. Upper Back Right | 23. Right Nare | 31. Rectum |
| 8. Right Detoid | 16. Upper Chest Left | 24. Left Nare | 32. Other |

33.

[illegible]

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2843937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

Location: NORTH
Diagnosis: NOT

PRN Medication	*Result	E	EFFECTIVE	I	INEFFECTIVE	N	SEE NURSE'S NOTES	A	ADVERSE REACTION (DESCRIBE IN NURSE'S NOTES)
ACETAMINOPHEN 325MG TABS Generic for: TYLENOL 325MG TABS KOP: TAKE TWO TABLETS THREE TIMES DAILY BY MOUTH FOR 5 DAYS	Hour								
	Result								
	Order Date	6/23/2010							
	Hour								
	Result								
	Order Date	6/23/2010							
AMOXICILLIN TRIHYDRATE 500MG CAPS Generic for: AMOXIL KOP: TAKE ONE CAPSULES THREE TIMES DAILY BY MOUTH FOR 7 DAYS	Hour								
	Result								
	Order Date	6/23/2010							
	Hour								
	Result								
	Order Date	6/23/2010							
NEOMY SULF/POLYMYX B SULFAC 3.5-10%-1 EAR Generic for: CORTISPORIN ANTIBIOTIC EAR SUS 10ML 3.5-10% KOP: INSTILL 1 DROP(S) IN AFFECTED EAR(S) FOUR TIMES A DAY FOR 5 DAYS	Hour								
	Result								
	Order Date	6/28/2010							
	Hour								
	Result								
	Order Date								

Instructions: Initial appropriate box when medication given. Circle initials when medication refused. Indicate injection route. State reason for refusal of medication. State reason and route for PRN medications.									
REF	DATE	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT
01		Ami Isler PhD							
02		Levante Jacob							
03		bradley a mawell							
04		Onidara Ojiambo							
05		Kaphe Ojiambo							
06		Colin Valente							

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

For: June 2010

Report created by Accu-Flo

SYMBOL KEY

B - BED HOLD
 H - HOSPITAL
 L - LEAVE OF ABSENCE
 X - NOT DUE
 Ø - NOT ADMINISTERED See Nurse's Notes
 / - MISSED DOSE
 IS - SELF ADMINISTERED

SITE KEY:

1. Orally
 2. Right Dorsal Gluteus
 3. Left Dorsal Gluteus
 4. Right Ventral Gluteus
 5. Left Ventral Gluteus
 6. Right Lateral Thigh
 7. Left Lateral Thigh
 8. Right Deltoid
 9. Left Deltoid
 10. Right Upper Arm
 11. Left Upper Arm
 12. Right Anterior Thigh
 13. Left Anterior Thigh
 14. Upper Back Left
 15. Upper Back Right
 16. Upper Chest Left
 17. Upper Chest Right
 18. To Right and Above Umbilicus
 19. To Left and Above Umbilicus
 20. To Right and Below Umbilicus
 21. To Left and Below Umbilicus
 22. Medipoint
 23. Right Nare
 24. Left Nare
 25. Right Hip
 26. Left Hip
 27. Both Nares
 28. Right Ear
 29. Left Ear
 30. Both Ears
 31. Rectum
 32. Other

Medication	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
AMLODIPINE BESYLATE 10MG TABS Generic for: NORVASC 10MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	08:00A																													
CLONIDINE HCL 0.2MG TABS 6/10/2010 Generic for: CATAPRES 0.2MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	08:00A																													
DIGOSAHENXANOIC ACID/EPICAPS Generic for: SEA-OMEGA CAPS TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY	08:00A																													
HYDROCHLOROTHIAZIDE 25MG TABS Generic for: HYDRODIURIL 25MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	08:00A																													
HYDROXYZINE HCL 50MG TABS Generic for: ATARAX 50MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	08:00P																													
MIRTAZAPINE 45MG TABS 5/30/2010 Generic for: REMERON 45MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	08:00P																													
PAROXETINE HCL 40MG TABS 4/10/2010 Generic for: PAXIL 40MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY - START ON 4/10/10	08:00A																													

Resident: GARY GREEN
 Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
 Allergies: NO KNOWN DRUG ALLERGY *

Location: NORT 3EO
 Diagnosis: 60N

MAR Page

*Result: E EFFECTIVE I INEFFECTIVE N SEE NURSE'S NOTES A ADVERSE REACTION (DESCRIBE IN NURSE'S NOTES)

PRN Medication	Hour	Result	Order Date
AMOXICILIN TRIHYDRATE 500MG CAPS			8/25/2010
Generic for: AMOXIL			
500MG CAPS			
KOP: TAKE ONE CAPSULE(S) THREE TIMES DAILY BY MOUTH FOR 7 DAYS			

INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE
V15	Veronica Beasom						
M1	Moni Galarza						
cg1	Carolynn Gilbert						
l2	Loretta Jacobs						
l3a	Raymond Ray						
ko1	Kaplan O'Neil						
cw1	Colbie Williams						

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY *

Location: NORTH
Diagnosis: NON

For: July 2010

Report created by Accu-File

Printed: 10/12/2010 12:30:00 P

See section 2 for Verifying Signatures

SITE KEY:

- | | | | |
|--------------------------|--------------------------|----------------------------------|----------------|
| 1. Orally | 9. Left Deltoid | 17. Upper Chest Right | 25. Right Hip |
| 2. Right Dorsal Gluteus | 10. Right Upper Arm | 18. To Right and Above Umbilicus | 26. Left Hip |
| 3. Left Dorsal Gluteus | 11. Left Upper Arm | 19. To Left and Above Umbilicus | 27. Both Nares |
| 4. Right Ventral Gluteus | 12. Right Anterior Thigh | 20. To Right and Below Umbilicus | 28. Right Ear |
| 5. Left Ventral Gluteus | 13. Left Anterior Thigh | 21. To Left and Below Umbilicus | 29. Left Ear |
| 6. Right Lateral Thigh | 14. Upper Back Left | 22. Medipont | 30. Both Ears |
| 7. Left Lateral Thigh | 15. Upper Back Right | 23. Right Nare | 31. Rectum |
| 8. Right Deltoid | 16. Upper Chest Left | 24. Left Nare | 32. Other |

[illegible]

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

For: July 2010

Report created by Accu-Flo

MAR Page 6

SYMBOL B - BED HOLD
H - HOSPITAL
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
I - MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other
- 33.

Route Med Order	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
CLONIDINE 8/23/2010 PYXIS OVERRIDE: Give once	05:15A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLONIDINE 8/25/2010 PYXIS OVERRIDE: Give once	08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLONIDINE 8/26/2010 PYXIS OVERRIDE: Give once	04:30A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DIC - 08/27/2010 1:38:27 PM CLONIDINE HCL 0.2MG TABS 6/10/2010 Generic for: CATAPRES 0.2MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DOCOSAHEXANOIC ACID/IEPA CAPS 7/29/2010 Generic for: SEA-OMEGA CAPS TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY	08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HYDROCHLOROTHIAZIDE 8/23/2010 PYXIS OVERRIDE: Give once	05:15A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HYDROCHLOROTHIAZIDE 8/26/2010 PYXIS OVERRIDE: Give once	04:30A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

Location: NORTH
Diagnosis: NON

For: August 2010

Report created by Accu-Flu

Printed: 10/12/2010 12:26:06 P

SYMBOL

B - BED HOLD
 H - HOSPITAL
 L - LEAVE OF ABSENCE
 X - NOT DUE
 Ø - NOT ADMINISTERED See Nurse's Notes
 / - MISSED DOSE
 IS - SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

Reg	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
HYDROCHLOROTHIAZIDE 25MG TABS PYxis OVERRIDE: Give once	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HYDROCHLOROTHIAZIDE 25MG TABS PYxis OVERRIDE: Give once	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HYDROCHLOROTHIAZIDE 25MG TABS Generic for: HYDRODIURIL 25MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HYDROXYZINE HCL 50MG TABS 5302010 Generic for: ATARAX 50MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
IBUPROFEN 400MG TABS 8/19/2010 Generic for: MOTRIN 400MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
IBUPROFEN 400MG LIQ 8/19/2010 PYxis OVERRIDE: Give once	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
IBUPROFEN 800MG TABS 8/19/2010 Generic for: MOTRIN 800MG TABS TAKE ONE TABLET(S) FOUR TIMES DAILY BY MOUTH AS NEEDED	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Resident: GARY GREEN
 Diet: NONE

MedRecNo: 2843937

DALLAS COUNTY JAIL - ADULT
 Allergies: NO KNOWN DRUG ALLERGY *

Location: NORTH
 Diagnosis: NOT

For: August 2010

Report created by Accu-Flo

Printed: 10/12/2010 12:26:06 F

SYMBOL KEY:
 J - BED HOLD
 H - HOSPITAL
 L - LEAVE OF ABSENCE
 X - NOT DUE
 Ø - NOT ADMINISTERED See Nurse's Notes
 / - MISSED DOSE
 IS - SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

Routine Med Order		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MIRTAZAPINE 45MG TABS 5/30/2010 Generic for: REMERON 45MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING		06:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	
PAROXETINE 8/23/2010 PYXIS OVERRIDE: Give once		05:15A	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	
PAROXETINE 8/28/2010 PYXIS OVERRIDE: Give once		04:30A	05:15A	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	
PAROXETINE 8/31/2010 PYXIS OVERRIDE: Give once		04:45A	05:15A	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	
PAROXETINE HCL 40MG TABS 4/1/2010 Generic for: PAXIL 40MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY - START ON 4/1/10		08:00A	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	
TOPROL XL 25MG TABS 8/28/2010 Generic for: METOPROLOL SUCCINATE 25MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY		06:00A	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	
VERAPAMIL SR 8/28/2010 PYXIS OVERRIDE: Give once		11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	
Routine Med Order		06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	12:00P	01:00P	02:00P	03:00P	04:00P	05:00P	06:00P	07:00P	08:00P	09:00P	10:00P	11:00P	

Resident: GARY GREEN
 Diet: NONE

MedRecNo: 2843937

DALLAS COUNTY JAIL - ADULT
 Allergies: NO KNOWN DRUG ALLERGY

Location: NORT
 Diagnosis: WONI

**B - BED HOLD
H - HOSPITAL
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
/ - MISSED DOSE
IS - SELF ADMINISTERED**

SITE KEY:

- | | | | |
|--------------------------|--------------------------|----------------------------------|----------------|
| 1. Orally | 9. Left Deltoide | 17. Upper Chest Right | 25. Right Hip |
| 2. Right Dorsal Gluteus | 10. Right Upper Arm | 18. To Right and Above Umbilicus | 26. Left Hip |
| 3. Left Dorsal Gluteus | 11. Left Upper Arm | 19. To Left and Above Umbilicus | 27. Both Nares |
| 4. Right Ventral Gluteus | 12. Right Anterior Thigh | 20. To Left and Below Umbilicus | 28. Right Ear |
| 5. Left Ventral Gluteus | 13. Left Anterior Thigh | 21. To Right and Below Umbilicus | 29. Left Ear |
| 6. Right Lateral Thigh | 14. Upper Back Left | 22. Mediport | 30. Both Ears |
| 7. Left Lateral Thigh | 15. Upper Back Right | 23. Right Nare | 31. Rectum |
| 8. Right Deltoide | 16. Upper Chest Left | 24. Left Nare | 32. Other |

[illegible]

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

For: August 2010

Report created by Accu-Flo

MAR Page 5

PRN Medication	*Result:		E EFFECTIVE		I INEFFECTIVE		N SEE NURSE'S NOTES		A ADVERSE REACTION (DESCRIBE IN NURSE'S NOTES)	
	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE
	Hour									
	Result									
	Hour									
	Result									
	Hour									
	Result									
	Hour									
	Result									
	Hour									
	Result									
	Hour									
	Result									
	Hour									
	Result									
	Hour									
	Result									

Instructions: Initial appropriate box when medication given. Circle initial when medication refused. Indicate injection route. State reason for refusal of medication. State reason and result for PRN medications.							
INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE	INIT	FULL SIGNATURE AND TITLE
ts1	Tatiana Arce-Soto						
ts1	Kara Barber						
ca1	Christie Ellis						
md1	Mary Derrada						
kl1	Kenneth Kuehryda						
cg1	Carolynne Gilbert						
lp2	Lorella Jansie						
kl1	Kathleen Johnson-Sims						
tk1	Tina King						
ko1	Kathleen O'Connell						
co1	Celia Williams						

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2843937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^

Location: NORT - SEC
Diagnosis: NDN

For: August 2010

Report created by Accu-Flo

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MAR Page
Nurse's Medication Notes

Instructions:
A. SUGGEST REFUSED/WITHHELD MEDICATION WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN
B. See section 2 for Verifying Signatures

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Right
15. Upper Back Left
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other
- 33.

Date	Time	Init	Drug - Strength - Dosage	Site	Notes	Time	Init	Drug - Strength - Dosage	Site	Notes
8/2/2010	04:00	K01	IBUPROFEN 600MG TABS		PRN Medication					
8/8/2010	11:45	I2	IBUPROFEN 400MG UD		medication reconciliation					
8/11/2010	08:00	K1	CLONIDINE HCL 0.2MG TABS		Court					
8/11/2010	08:00	K1	DICLOFENAC ACID/IEPA		Court					
8/11/2010	08:00	K1	HYDROCHLOROTHIAZIDE		Court					
8/11/2010	08:00	K1	PAROXETINE HCL 40MG TABS		Court					
8/23/2010	08:00	I2	CLONIDINE HCL 0.2MG TABS		Court					
8/23/2010	08:00	I2	DICLOFENAC ACID/IEPA		Court					
8/23/2010	08:00	I2	HYDROCHLOROTHIAZIDE		Court					
8/23/2010	08:00	I2	IBUPROFEN 400MG TABS		Court					
8/23/2010	08:00	I2	PAROXETINE HCL 40MG TABS		Court					
8/24/2010	08:00	I2	CLONIDINE HCL 0.2MG TABS		Court					
8/24/2010	08:00	I2	DICLOFENAC ACID/IEPA		Court					
8/24/2010	08:00	I2	HYDROCHLOROTHIAZIDE		Court					
8/24/2010	08:00	I2	IBUPROFEN 400MG TABS		Court					
8/24/2010	08:00	I2	PAROXETINE HCL 40MG TABS		Court					
8/25/2010	08:00	K1	CLONIDINE HCL 0.2MG TABS		No Show					
8/25/2010	08:00	K1	DICLOFENAC ACID/IEPA		No Show					
8/25/2010	08:00	K1	HYDROCHLOROTHIAZIDE		No Show					
8/25/2010	08:00	K1	IBUPROFEN 400MG TABS		No Show					
8/25/2010	08:00	K1	PAROXETINE HCL 40MG TABS		No Show					
8/25/2010	08:00	K1	DICLOFENAC ACID/IEPA		No Show					
8/25/2010	08:00	OW	DICLOFENAC ACID/IEPA		Not available (medication)					

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGYLocation: NORTH
Diagnosis: NON

For: August 2010

Report created by Accu-Flo

Printed: 10/12/2010 12:27:12 P

SYMBOL

B - BED HOLD
H - HOSPITAL
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
/ - MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Mediport
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

Form	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
1246A Routine Med Order ASPIRIN 81/2010 PYXIS OVERRIDE: Give once	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	
0830A ASPIRIN 81MG TABS 9/3/2010 Generic for: ASPIRIN CHEWABLE 81MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
174134 0830A CLONIDINE HCL 0.3MG TABS 9/2/2010 Generic for: CATAPRES 0.3MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
174130 0830A DOCOSAHENAXANOIC ACID/IEPA CAPS 7/29/2010 Generic for: SEA-OMEGA CAPS TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
164762 0430A HYDROCHLOROTHIAZIDE 9/1/2010 PYXIS OVERRIDE: Give once	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	
20100901040616 0443A HYDROCHLOROTHIAZIDE 9/7/2010 PYXIS OVERRIDE: Give once	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
20100907043720 0315A HYDROCHLOROTHIAZIDE 9/8/2010 PYXIS OVERRIDE: Give once	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
20100908025915 Routine Med Order	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY

Location: NORTH
Diagnosis: NOI

For: September 2010

Report created by AccuFlo

Printed: 10/12/2010 12:20:29

MAR Page
SYMBOL B - BED HOLD
H - HOSPITAL
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
/ - MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

- 1. Orally
- 2. Right Dorsal Gluteus
- 3. Left Dorsal Gluteus
- 4. Right Ventral Gluteus
- 5. Left Ventral Gluteus
- 6. Right Lateral Thigh
- 7. Left Lateral Thigh
- 8. Right Deltoid
- 9. Left Deltoid
- 10. Right Upper Arm
- 11. Left Upper Arm
- 12. Right Anterior Thigh
- 13. Left Anterior Thigh
- 14. Upper Back Left
- 15. Upper Back Right
- 16. Upper Chest Left
- 17. Upper Chest Right
- 18. To Right and Above Umbilicus
- 19. To Left and Above Umbilicus
- 20. To Right and Below Umbilicus
- 21. To Left and Below Umbilicus
- 22. Medipoint
- 23. Right Nare
- 24. Left Nare
- 25. Right Hip
- 26. Left Hip
- 27. Both Nares
- 28. Right Ear
- 29. Left Ear
- 30. Both Ears
- 31. Rectum
- 32. Other

Resident: GARY GREEN	MedRecNo: 2643937	Diet: NONE	Location: NORGE	Diagnosis: 001
HYDROCHLOROTHIAZIDE 9/13/2010 PYXIS OVERRIDE: Give once	20100913025202	20100913025202	20100913025202	20100913025202
HYDROCHLOROTHIAZIDE 9/18/2010 PYXIS OVERRIDE: Give once	20100918041805	20100918041805	20100918041805	20100918041805
HYDROCHLOROTHIAZIDE 9/21/2010 PYXIS OVERRIDE: Give once	20100921035805	20100921035805	20100921035805	20100921035805
HYDROCHLOROTHIAZIDE 9/22/2010 PYXIS OVERRIDE: Give once	20100922034721	20100922034721	20100922034721	20100922034721
HYDROCHLOROTHIAZIDE 9/27/2010 PYXIS OVERRIDE: Give once	20100927040502	20100927040502	20100927040502	20100927040502
HYDROCHLOROTHIAZIDE 9/28/2010 PYXIS OVERRIDE: Give once	20100928040535	20100928040535	20100928040535	20100928040535
HYDROCHLOROTHIAZIDE 9/29/2010 PYXIS OVERRIDE: Give once	20100929041209	20100929041209	20100929041209	20100929041209

MAR Page 3 of 8

SYMBOL KEY:

BED HOLD

H - HOSPITAL
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Ø - NOT ADMINISTERED See Nurse's Notes
/- MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other
- 33.

Routine Med Order	Fig	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	04:15A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
HYDROCHLOROTHIAZIDE 25MG TABS Generic for: HYDRODIURIL 25MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	08:00A																																
154780																																	
08:00P																																	
122805																																	
08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
174132																																	
04:45A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
20100920043630																																	
04:30A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
20100928041016																																	
04:15A	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
20100928034932																																	
Routine Med Order	Fig	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HYDROCHLOROTHIAZIDE 25MG TABS Generic for: ATARAX 50MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	08:00P																																
LISINOPRIL 20MG TABS 9/30/2010 Generic for: ZESTRIL 20MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
METFORMIN 9/20/2010 PYXIS OVERRIDE: Give once	04:45A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
METFORMIN 9/28/2010 PYXIS OVERRIDE: Give once	04:30A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
METFORMIN 8/28/2010 PYXIS OVERRIDE: Give once	04:15A	Exp	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Resident: GARY GREEN
Net: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY *Location: NORT 3E03
Diagnosis: NONE

or September 2010

Report created by Accu-File

Printed: 10/12/2010 12:20:29 PM

SYMBOL KEY:

- BED HOLD**
H - HOSPITAL
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
/- MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Mediport
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

Reg.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
06300A Metformin HCL 850MG TABS Generic for: GLUCOPHAGE 850MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
06300P Mirtazapine 45MG TABS Generic for: REMERON 45MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING																															
06300A Paroxetine 9/1/2010 PYXIS OVERRIDE: Give once																															
06300A Paroxetine 9/2/2010 PYXIS OVERRIDE: Give once																															
06300A Paroxetine 9/8/2010 PYXIS OVERRIDE: Give once																															
06300A Paroxetine 9/13/2010 PYXIS OVERRIDE: Give once																															
06300A Paroxetine 9/16/2010 PYXIS OVERRIDE: Give once																															
06300A Paroxetine 9/16/2010 PYXIS OVERRIDE: Give once																															

Resident: GARY GREEN
Niet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY *

Location: NORT 3503
Diagnosis: NONE

BED HOLD

HOSPITAL
LEAVE OF ABSENCE
NOT DUE
NOT ADMINISTERED See Nurse's Notes
MISSED DOSE
SELF ADMINISTERED

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

33.

Reg.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
04:15A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
04:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
02:45A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
08:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
17:12:18	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
 Allergies: NO KNOWN DRUG ALLERGY ^

Location: NORT 3E03
 Diagnosis: NONE

Instructions:

SUGGEST REFUSED WITH HELD

A. MEDICATION WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN

B. See section 2 for Verifying Signatures

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

33.

Date	Time	Init	Drug - Strength - Dosage	Site	Notes	Obs	Date	Time	Init	Drug - Strength - Dosage	Site	Notes
9/7/2010	08:00	q2	ASPIRIN 81MG TABS		Court		9/13/2010	08:00	q1	PAROXETINE HCL 40MG TABS		No Show
9/7/2010	08:00	q2	CLONIDINE HCL 0.3MG TABS		Court		9/13/2010	08:00	q1	TOPROL XL 25MG TABS		No Show
9/7/2010	08:00	q2	DOCOSAHEXANOIC ACID/EPA		Court		9/14/2010	08:00	q1	ASPIRIN 81MG TABS		No Show
9/7/2010	08:00	q2	HYDROCHLOROTHIAZIDE		Court		9/14/2010	08:00	q1	CLONIDINE HCL 0.3MG TABS		No Show
9/7/2010	08:00	q2	LISINAPRIL 20MG TABS		Court		9/14/2010	08:00	q1	DOCOSAHEXANOIC ACID/EPA CAPS		No Show
9/7/2010	08:00	q2	METFORMIN HCL 850MG TABS		Court		9/14/2010	08:00	q1	HYDROCHLOROTHIAZIDE 25MG TABS		No Show
9/7/2010	08:00	q2	PAROXETINE HCL 40MG TABS		Court		9/14/2010	08:00	q1	LISINAPRIL 20MG TABS		No Show
9/7/2010	08:00	q2	TOPROL XL 25MG TABS		Court		9/14/2010	08:00	q1	METFORMIN HCL 850MG TABS		No Show
9/8/2010	08:00	q1	ASPIRIN 81MG TABS		No Show		9/14/2010	08:00	q1	PAROXETINE HCL 40MG TABS		No Show
9/8/2010	08:00	q1	CLONIDINE HCL 0.3MG TABS		No Show		9/14/2010	08:00	q1	TOPROL XL 25MG TABS		No Show
9/8/2010	08:00	q1	DOCOSAHEXANOIC ACID/EPA		No Show		9/18/2010	08:00	q2	ASPIRIN 81MG TABS		Court
9/8/2010	08:00	q1	HYDROCHLOROTHIAZIDE		No Show		9/18/2010	08:00	q2	CLONIDINE HCL 0.3MG TABS		Court
9/8/2010	08:00	q1	LISINAPRIL 20MG TABS		No Show		9/18/2010	08:00	q2	DOCOSAHEXANOIC ACID/EPA CAPS		Court
9/8/2010	08:00	q1	METFORMIN HCL 850MG TABS		No Show		9/18/2010	08:00	q2	HYDROCHLOROTHIAZIDE 25MG TABS		Court
9/8/2010	08:00	q1	PAROXETINE HCL 40MG TABS		No Show		9/18/2010	08:00	q2	LISINAPRIL 20MG TABS		Court
9/8/2010	08:00	q1	TOPROL XL 25MG TABS		No Show		9/18/2010	08:00	q2	METFORMIN HCL 850MG TABS		Court
9/10/2010	08:00	aks	ASPIRIN 81MG TABS		Court		9/18/2010	08:00	q2	PAROXETINE HCL 40MG TABS		Court
9/10/2010	08:00	aks	CLONIDINE HCL 0.3MG TABS		Court		9/20/2010	08:00	q2	TOPROL XL 25MG TABS		Court
9/10/2010	08:00	aks	DOCOSAHEXANOIC ACID/EPA		Court		9/20/2010	08:00	q2	ASPIRIN 81MG TABS		Court
9/10/2010	08:00	aks	HYDROCHLOROTHIAZIDE		Court		9/20/2010	08:00	q2	CLONIDINE HCL 0.3MG TABS		Court
9/10/2010	08:00	aks	LISINAPRIL 20MG TABS		Court		9/20/2010	08:00	q2	DOCOSAHEXANOIC ACID/EPA CAPS		Court
9/10/2010	08:00	aks	METFORMIN HCL 850MG TABS		Court		9/20/2010	08:00	q2	HYDROCHLOROTHIAZIDE 25MG TABS		Court
9/10/2010	08:00	aks	PAROXETINE HCL 40MG TABS		Court		9/20/2010	08:00	q2	LISINAPRIL 20MG TABS		Court
9/10/2010	08:00	aks	TOPROL XL 25MG TABS		Court		9/20/2010	08:00	q2	METFORMIN HCL 850MG TABS		Court
9/13/2010	08:00	q1	ASPIRIN 81MG TABS		No Show		9/20/2010	08:00	q2	PAROXETINE HCL 40MG TABS		Court
9/13/2010	08:00	q1	CLONIDINE HCL 0.3MG TABS		No Show		9/21/2010	08:00	q2	TOPROL XL 25MG TABS		Court
9/13/2010	08:00	q1	DOCOSAHEXANOIC ACID/EPA		No Show		9/21/2010	08:00	q2	ASPIRIN 81MG TABS		Court
9/13/2010	08:00	q1	HYDROCHLOROTHIAZIDE		No Show		9/21/2010	08:00	q2	CLONIDINE HCL 0.3MG TABS		Court
9/13/2010	08:00	q1	LISINAPRIL 20MG TABS		No Show		9/21/2010	08:00	q2	DOCOSAHEXANOIC ACID/EPA CAPS		Court
9/13/2010	08:00	q1	METFORMIN HCL 850MG TABS		No Show		9/21/2010	08:00	q2	HYDROCHLOROTHIAZIDE 25MG TABS		Court

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY *Location: NORT 3503
Diagnosis: NONE

For: September 2010

Report created by Accu-Flo

Printed: 10/12/2010 12:21:55 PM

Nurse's Medical Notes

See section 2 for Verifying Signatures

Instructions:
A. SUGGEST REFUSED/WITHHELD MEDICATION WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN
B.

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

33.

Date	Time	Init.	Drug - Strength - Dosage	Site	Notes	Ob	Time	Init.	Drug - Strength - Dosage	Site	Notes	Ob
9/21/2010	08:00	g2	LISINAPRIL 20MG TABS		Court		9/29/2010	08:00	g2	CLONIDINE HCL 0.3MG TABS	Court	
9/21/2010	08:00	g2	METFORMIN HCL 850MG		Court		9/29/2010	08:00	g2	DOCOSAHEXANOIC ACID/IEPA CAPS	Court	
9/21/2010	08:00	g2	PAROXETINE HCL 40MG		Court		9/29/2010	08:00	g2	HYDROCHLOROTHIAZIDE 25MG	Court	
9/21/2010	08:00	g2	TOPROL XL 25MG TABS		Court		9/29/2010	08:00	g2	LISINAPRIL 20MG TABS	Court	
9/22/2010	08:00	g2	ASPIRIN 81MG TABS		Court		9/29/2010	08:00	g2	METFORMIN HCL 850MG TABS	Court	
9/22/2010	08:00	g2	CLONIDINE HCL 0.3MG TABS		Court		9/29/2010	08:00	g2	TOPROL XL 25MG TABS	Court	
9/22/2010	08:00	g2	DOCOSAHEXANOIC		Court		9/30/2010	08:00	g2	ASPIRIN 81MG TABS	Court	
9/22/2010	08:00	g2	HYDROCHLOROTHIAZIDE		Court		9/30/2010	08:00	g2	CLONIDINE HCL 0.3MG TABS	Court	
9/22/2010	08:00	g2	LISINAPRIL 20MG TABS		Court		9/30/2010	08:00	g2	DOCOSAHEXANOIC ACID/IEPA CAPS	Court	
9/22/2010	08:00	g2	METFORMIN HCL 850MG		Court		9/30/2010	08:00	g2	HYDROCHLOROTHIAZIDE 25MG	Court	
9/22/2010	08:00	g2	PAROXETINE HCL 40MG		Court		9/30/2010	08:00	g2	LISINAPRIL 20MG TABS	Court	
9/22/2010	08:00	g2	TOPROL XL 25MG TABS		Court		9/30/2010	08:00	g2	METFORMIN HCL 850MG TABS	Court	
9/23/2010	08:00	g2	ASPIRIN 81MG TABS		Court		9/30/2010	08:00	g2	TOPROL XL 25MG TABS	Court	
9/23/2010	08:00	g2	CLONIDINE HCL 0.3MG TABS		Court							
9/23/2010	08:00	g2	DOCOSAHEXANOIC		Court							
9/23/2010	08:00	g2	HYDROCHLOROTHIAZIDE		Court							
9/23/2010	08:00	g2	LISINAPRIL 20MG TABS		Court							
9/23/2010	08:00	g2	METFORMIN HCL 850MG		Court							
9/23/2010	08:00	g2	PAROXETINE HCL 40MG		Court							
9/23/2010	08:00	g2	TOPROL XL 25MG TABS		Court							
9/27/2010	08:00	g2	ASPIRIN 81MG TABS		No Show							
9/27/2010	08:00	g2	CLONIDINE HCL 0.3MG TABS		No Show							
9/27/2010	08:00	g2	DOCOSAHEXANOIC		No Show							
9/27/2010	08:00	g2	HYDROCHLOROTHIAZIDE		No Show							
9/27/2010	08:00	g2	LISINAPRIL 20MG TABS		No Show							
9/27/2010	08:00	g2	METFORMIN HCL 850MG		No Show							
9/27/2010	08:00	g2	PAROXETINE HCL 40MG		No Show							
9/27/2010	08:00	g2	TOPROL XL 25MG TABS		No Show							
9/28/2010	08:00	g2	ASPIRIN 81MG TABS		No Show							
9/28/2010	08:00	g2	ASPIRIN 81MG TABS		Court							

Resident: GARY GREEN
Net: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY *

Location: NORT 3E03
Diagnosis: NONE

WAR Page 1 of 1

SYMBOL KEY

BED HOLD
HOSPITAL
H -
L - LEAVE OF ABSENCE
X - NOT DUE
Ø - NOT ADMINISTERED See Nurse's Notes
/ - MISSED DOSE
IS - SELF ADMINISTERED

SITE KEY:

1. Oral
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Left
15. Upper Back Right
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medial Port
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other

Medication	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Aspirin 81MG TABS 9/2/2010 Generic for: ASPIRIN CHEWABLE 81MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Clonidine HCL 0.3MG TABS 9/2/2010 Generic for: CATAPRES 0.3MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Docosahexanoic Acid/DHA CAPS 7/29/2010 Generic for: SEA-OMEGA CAPS TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Hydrochlorothiazide 10/1/2010 PYXIS OVERRIDE: Give once	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Hydrochlorothiazide 10/4/2010 PYXIS OVERRIDE: Give once	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Hydrochlorothiazide 10/7/2010 PYXIS OVERRIDE: Give once	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Hydrochlorothiazide 10/8/2010 PYXIS OVERRIDE: Give once	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø

Resident: GARY GREEN
Jail: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY

Location: NORT 3E03
Diagnosis: NONE

For: October 2010

Report created by Accu-Flo

Printed: 10/12/2010 12:18:11 PM

MAR Page 2 of 3

BED HOLD

HOSPITAL

H -

L -

X -

Ø -

/ -

IS -

NOT DUE

NOT ADMINISTERED See Nurse's Notes

MISSSED DOSE

SELF ADMINISTERED

ABSENCE

SYMBOL KEY

SITE KEY:

1. Orally

2. Right Dorsal Gluteus

3. Left Dorsal Gluteus

4. Right Ventral Gluteus

5. Left Ventral Gluteus

6. Right Lateral Thigh

7. Left Lateral Thigh

8. Right Deltoid

9. Left Deltoid

10. Right Upper Arm

11. Left Upper Arm

12. Right Anterior Thigh

13. Left Anterior Thigh

14. Upper Back Left

15. Upper Back Right

16. Upper Chest Left

17. Upper Chest Right

18. To Right and Above Umbilicus

19. To Left and Above Umbilicus

20. To Right and Below Umbilicus

21. To Left and Below Umbilicus

22. Medipoint

23. Right Nare

24. Left Nare

25. Right Hip

26. Left Hip

27. Both Nares

28. Right Ear

29. Left Ear

30. Both Ears

31. Rectum

32. Other

33.

Reg.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
04:00A HYDROCHLOROTHIAZIDE 10/11/2010 PYXIS OVERRIDE: Give once	X	X	X	X	X	X	X	X	X	X	X	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	
20101011024456																															
04:00A HYDROCHLOROTHIAZIDE 10/12/2010 PYXIS OVERRIDE: Give once	X	X	X	X	X	X	X	X	X	X	X	/	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	
20101012034610																															
08:00A HYDROCHLOROTHIAZIDE 25MG TABS 7/29/2010 Generic for: HYDRODIURIL 25MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
154780																															
08:00P HYDROXYZINE HCL 50MG TABS 6/30/2010 Generic for: ATARAX 50MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
122005																															
08:00A IBUPROFEN 400MG TABS 10/8/2010 Generic for: MOTRIN 400MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY	X	X	X	X	X	X	Ø	Ø	Ø	Ø	Ø	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	
183783																															
08:45A IBUPROFEN 400MG UD 10/3/2010 PYXIS OVERRIDE: Give once	X	X	/	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	Exp	
20101002083353																															
08:00A LISINAPRIL 20MG TABS 8/3/2010 Generic for: ZESTRIL 20MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
1174132																															
Reg.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Routine Med Order																															

Resident: GARY GREEN

MedRecNo: 2843937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY ^Location: NORT 3E03
Diagnosis: NONE

for: October 2010

Report created by Accu-File

Printed: 10/12/2010 12:18:11 PM

MAR Page 3 of 3

SYMBOL KEY

- BED HOLD
- H - HOSPITAL
- L - LEAVE OF ABSENCE
- X - NOT DUE
- Ø - NOT ADMINISTERED See Nurse's Notes
- / - MISSED DOSE
- IS - SELF ADMINISTERED

SITE KEY:

- 1. Orally
- 2. Right Dorsal Gluteus
- 3. Left Dorsal Gluteus
- 4. Right Ventral Gluteus
- 5. Left Ventral Gluteus
- 6. Right Lateral Thigh
- 7. Left Lateral Thigh
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- 9. Left Deltoid
- 10. Right Upper Arm
- 11. Left Upper Arm
- 12. Right Anterior Thigh
- 13. Left Anterior Thigh
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- 15. Upper Back Right
- 16. Upper Chest Left
- 17. Upper Chest Right
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- 19. To Left and Above Umbilicus
- 20. To Right and Below Umbilicus
- 21. To Left and Below Umbilicus
- 22. Mediport
- 23. Right Ear
- 24. Left Ear
- 25. Right Hip
- 26. Left Hip
- 27. Both Nares
- 28. Right Ear
- 29. Left Ear
- 30. Both Ears
- 31. Rectum
- 32. Other

Routine Med Order		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
METFORMIN HCL 850MG TABS 9/3/2010 Generic for: GLUCOPHAGE 850MG TABS TAKE ONE TABLET(S) BY MOUTH TWICE DAILY		08:00A	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
MIRTAZAPINE 10/12/2010 PYXIS OVERRIDE: Give once		12:45A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MIRTAZAPINE 45MG TABS 5/30/2010 Generic for: REMERON 45MG TABS TAKE ONE TABLET(S) BY MOUTH IN THE EVENING		08:00P	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
TOPROL XL 25MG TABS 8/28/2010 Generic for: METOPROLOL SUCCINATE 25MG TABS TAKE ONE TABLET(S) BY MOUTH DAILY		08:00A	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
VERAPAMIL SR 10/7/2010 PYXIS OVERRIDE: Give once		04:45A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
VERAPAMIL SR 10/9/2010 PYXIS OVERRIDE: Give once		05:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Resident: GARY GREEN
Net: NONE

MedRecNo: 2643937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY

Location: NORT 3593
Diagnosis: NONE

For: October 2010

Report created by Accu-Flo

Printed: 10/12/2010 12:18:11 PM

Nurse's Medication Notes

Instructions:

- A. SUGGEST REFUSED/WITHHELD MEDICATION WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN
- B. See section 2 for Verifying Signatures

SITE KEY:

1. Orally
2. Right Dorsal Gluteus
3. Left Dorsal Gluteus
4. Right Ventral Gluteus
5. Left Ventral Gluteus
6. Right Lateral Thigh
7. Left Lateral Thigh
8. Right Deltoid
9. Left Deltoid
10. Right Upper Arm
11. Left Upper Arm
12. Right Anterior Thigh
13. Left Anterior Thigh
14. Upper Back Right
15. Upper Back Left
16. Upper Chest Left
17. Upper Chest Right
18. To Right and Above Umbilicus
19. To Left and Above Umbilicus
20. To Right and Below Umbilicus
21. To Left and Below Umbilicus
22. Medipoint
23. Right Nare
24. Left Nare
25. Right Hip
26. Left Hip
27. Both Nares
28. Right Ear
29. Left Ear
30. Both Ears
31. Rectum
32. Other
- 33.

Date	Time	Intr	Drug - Strength - Dosage	Site	Notes	Obs	Date	Time	Intr	Drug - Strength - Dosage	Site	Notes
10/1/2010	08:00	ip2	ASPIRIN 81MG TABS		Not In Cell							
10/1/2010	08:00	ip2	CLONIDINE HCL 0.3MG TABS		Not In Cell							
10/1/2010	08:00	ip2	DOCOSAHEXANOIC ACID/EP		Not In Cell							
10/1/2010	08:00	ip2	HYDROCHLOROTHIAZIDE		Not In Cell							
10/1/2010	08:00	ip2	LISINAPRIL 20MG TABS		Not In Cell							
10/1/2010	08:00	ip2	METFORMIN HCL 850MG TABS		Not In Cell							
10/1/2010	08:00	ip2	TOPROL XL 25MG TABS		Not In Cell							
10/1/2010	08:00	ip2	METFORMIN HCL 850MG TABS		Not available (medication)							
10/1/2010	08:00	ip2	IBUPROFEN 400MG TABS		No Show							
10/1/2010	08:00	ip2	ASPIRIN 81MG TABS		No Show							
10/1/2010	08:00	ip2	CLONIDINE HCL 0.3MG TABS		No Show							
10/1/2010	08:00	ip2	DOCOSAHEXANOIC ACID/EP		No Show							
10/1/2010	08:00	ip2	HYDROCHLOROTHIAZIDE		No Show							
10/1/2010	08:00	ip2	IBUPROFEN 400MG TABS		No Show							
10/1/2010	08:00	ip2	LISINAPRIL 20MG TABS		No Show							
10/1/2010	08:00	ip2	METFORMIN HCL 850MG TABS		No Show							
10/1/2010	08:00	ip2	TOPROL XL 25MG TABS		No Show							
10/1/2010	08:00	ip2	ASPIRIN 81MG TABS		Court							
10/1/2010	08:00	ip2	CLONIDINE HCL 0.3MG TABS		Court							
10/1/2010	08:00	ip2	DOCOSAHEXANOIC ACID/EP		Court							
10/1/2010	08:00	ip2	HYDROCHLOROTHIAZIDE		Court							
10/1/2010	08:00	ip2	IBUPROFEN 400MG TABS		Court							
10/1/2010	08:00	ip2	LISINAPRIL 20MG TABS		Court							
10/1/2010	08:00	ip2	METFORMIN HCL 850MG TABS		Court							
10/1/2010	08:00	ip2	TOPROL XL 25MG TABS		Court							

Resident: GARY GREEN
Diet: NONE

MedRecNo: 2843937

DALLAS COUNTY JAIL - ADULT
Allergies: NO KNOWN DRUG ALLERGY

Location: NORT 3E03
Diagnosis: NONE

For: October 2010

Report created by Accu-Flu

Printed: 10/12/2010 12:19:23 PM

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State's Exhibit Number 158
Inmate Records
(Copy Attached)

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

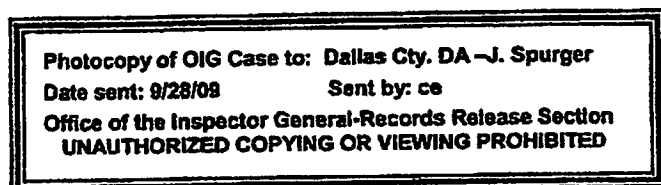
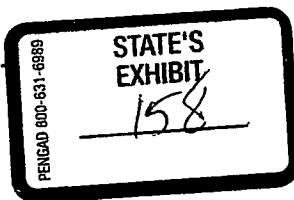
Inter-Office Communications

To Use of Force Date 1-9-94

From K. Asiford COIT Subject Officer Assault by
Mr Green, Inmate #553362

On 1-9-94 at appx 1145 hrs I officer Asiford, K COIT was on C-side in the north chowhall when inmate green during the course of me ordering said inmate to go to the Hallway and talk with Sgt. McPawell threw his tray at me striking me in the mid to lower body and during the time after that he was coming toward me in an aggressive manner at which time he kicked me in the left shin.

462597754
K. Asiford COIT



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State's Exhibit Number 159
Disciplinary Records
(Copy Attached)

TDCJ-ID DISCIPLINARY REPORT AND HEARING RECORD

CASE: 940217424 TDCJ-ID: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSNB: N-3 04 JOB: UNASGN PRE HEARING IQ: 105
 CLASS: S2 CUST: MO PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: YES/NO
 OFF: MA / JKJ OFF.DATE: 08/03/94 07:00 PM LOCATION: B K WING 1 ROW

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT K-WING 1 ROW CELL 128, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, ASSAULTED OFFICER C. BAKER BY THROWING A LIGHT BULB AND STRIKING ME, OFFICER BAKER ON MY RIGHT LEG.

CHARGING OFFICER: BAKER, C

SHIFT/CARD: 1 E

PENGAD 800-631-6989

STATE'S EXHIBIT

159

TIME & DATE NOTIFIED: 8/4/94 1500

BY: (PRINT) Mmm

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. INMATE NOTIFICATION SIGNATURE: *[Signature]* DATE: *[Signature]*

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING. INMATE WAIVER SIGNATURE: *[Signature]* DATE: 8-4-94

HEARING INFORMATION
 HEARING DATE: 8-11-94 TIME: 0855 AM TAPE# 795 SIDE# 2 START# 129 END# 236
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF HEARING, (2) IF ACCUSED INMATE WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE PAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING, AND (6) IF INMATE WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT HEARING. *(2) weekend - CS day off*

OFFENSE CODES: 03.0
INMATE PLEA: (G, NG, NONE) N.G.
FINDINGS: (G, NG, DS) G
REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)
IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER.
EXPLAIN IN DETAIL: *[Signature]*

HEARING LENGTH: 8 (MINUTES)

PUNISHMENT

LOSS OF PRIV (DAYS)	REPRIMAND	SOLITARY (DAYS)
*RECREATION (DAYS)	EXTRA DUTY (HOURS)	REMAIN LINE 3
*COMMISSARY (DAYS) 20	CONT. VISIT SUSP THRU 1/1	REDUC. CLASS FROM S2 TO S3
*PROPERTY (DAYS)	CELL RESTR. (DAYS) 30	GOOD TIME LOST (DAYS)
* (DAYS)	SPECIAL CELL RESTR. (DAYS)	DAMAGES \$

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:

Strip Officer
 C) IT FOR PRE-HEARING DETENTION TIME? YES (DAYS) NO (NA)
 DATE PLACED IN PRE-HEARING DETENTION: 8-3-94
 INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: *[Signature]*
 CHAPT KORT
 HEARING OFFICER (PRINT) WARDEN STATE CLASS COMMITTEE MEMBER
 (FORM I-47MA) CONTACT YOUR CORRECTIONAL COUNS IF YOU DO NOT UNDERSTAND THIS FORM.
 (REV. 03-90) COMUNIQUESE CON SU CONSEJERO CORRECCIONAL SI NO ENTIENDE ESTA FORMA

B.T.

TDCJ-ID DISCIPLINARY REPORT AND HEARING RECORD

CASE: 940144213 TDCJ-ID#: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 T: B HSNG: K-2 31 JOB: KIT COOK 1 IQ: 105
 CLASS: S2 CUST: MO PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS: YES NO
 GRADE: MI / JKJ OFF. DATE: 04/22/94 10:40 AM LOCATION: B KITCHEN AREA

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT SOUTH COOKS LINE, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, DID VIOLATE A POSTED TDCJ-ID RULE REQUIRING INMATES NOT TO STORE ANY PERSONAL ITEMS IN THE VENTILATION HOODS, IN THAT SAID INMATE HAD HIS SHOWER SHOES, SOAP AND SOAP DISH STORED IN THE HOOD.

X

HEARING OFFICER: WEATHERLY, I.

SHIFT/CARD: 1 H

INMATE NOTIFICATION

TIME & DATE NOTIFIED: 0630 JG 4/24/94 BY: (PRINT) J Garcia

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE NOTIFICATION SIGNATURE: [Signature] DATE: 4/29/94

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: [Signature] DATE: _____HEARING INFORMATION

HEARING DATE: 4-30-94 TIME: 0632

INMATE STATEMENT: I keep my shoes there because they keep getting stolen

OFFENSE CODES:	45.0				
INMATE PLEA: (G, NG, NONE)	G				
FINDINGS: (G, NG, DS)	G				

PUNISHMENT

LOSS OF PRIV(DAYS)	REPRIMAND
*RECREATION(DAYS)	EXTRA DUTY(HOURS)
*COMMISSARY(DAYS) 7	CONT.VISIT SUSP THRU 1/17
*PROPERTY(DAYS)	CELL RESTR(DAYS)
* (DAYS)	

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: [Signature]

HEARING OFFICER(PRINT)

WARDEN

TDCJ-ID DIS INMATE REPORT AND HEARING RECORD

CASE: 910096500 TDCJ-ID#: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSN: H-2 32 JOB: ORD HALL M 2 IQ: 105
 CLASS: S3 CUST: MI PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: YES/NO
 GRADE: MT / JDM OFF. DATE: 06/29/91 02:50 PM LOCATION: B IJKL HALLWAY

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT IJKL HALLWAY, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, WAS ORDERED BY SGT. HUSTON TO GIVE MEHIS I.D. CARD AND SAID INMATE FAILED TO OBEY THE ORDER.

CHARGING OFFICER: HUSTON, D 7-17-91 8:35 PM SHIFT/CARD: 2 S SMITH

TIME & DATE NOTIFIED: 07/18/91 INMATE NOTIFICATION BY (PRINT) ALSON

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. INMATE NOTIFICATION SIGNATURE: [Signature] DATE: 7-8-91

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING. INMATE WAIVER SIGNATURE: [Signature] DATE: 7-8-91

HEARING DATE: 7/18/91 TIME: 7:35 TAPE# _____ SIDE# _____ START# _____ END# _____
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF HEARING, (2) IF ACCUSED INMATE WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING, AND (6) IF INMATE WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING.

at his statement
None what so ever

OFFENSE CODES: 24.0
 INMATE PLEA: (G, NG, NONE) NG
 FINDINGS: (G, NG, DS) G
 REDUCED TO MINOR (PRIOR TO DOCKET) _____ (DOCKET) _____ (HEARING) _____ BY: (INITIAL) GBF by H
 IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER.
 EXPLAIN IN DETAIL: _____

HEARING LENGTH: _____ (MINUTES)

PUNISHMENT

LOSS OF PRIV (DAYS) _____ REPRIMAND _____ SOLITARY (DAYS) _____
 * RECREATION (DAYS) _____ EXTRA DUTY (HOURS) _____ REMAIN LINE 3. _____
 * COMMISSARY (DAYS) 30 CONT. VISIT SUSP THRU 1/1 REDUC. CLASS FROM _____ TO _____
 * PROPERTY (DAYS) _____ CELL RESTR (DAYS) 30 GOOD TIME LOST (DAYS) _____
 * _____ (DAYS) _____ SPECIAL CELL RESTR (DAYS) 30 DAMAGES _____ \$ _____
 SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: _____

CREDIT FOR PRE-HEARING DETENTION TIME? YES (DAYS) _____ NO / NA

DATE PLACED IN PRE-HEARING DETENTION: _____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: [Signature]

HEARING OFFICER (PRINT) _____ WARDEN _____ STATE CLASS COMMITTEE MEMBER _____

(FORM I-47MA) CONTACT YOUR CORRECTIONAL COUNS IF YOU DO NOT UNDERSTAND THIS FORM.

(REV. 03-90) COMUNIQUESE CON SU CONSEJERO CORRECCIONAL SI NO ENTIENDE ESTA FORMA

TDCJ-ID DISCIPLINARY REPORT AND HEARING RECORD

CASE: 920068317 TDCJ-ID#: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSNQ: H-2 32 JOB: REC. YARD JANITOR 2ND. IQ: 105
 SS: S3 CUST: MI PRIMARY LANGUAGE: ENGLISH MMRK RESTRICTIONS: YES/NO
 GRADE: MA / RMF OFF. DATE: 12/09/91 12:10 PM LOCATION: B H WING DAYROOM

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT H WING DAYROOM, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, DID ENGAGE IN A FIGHT WITHOUT A WEAPON WITH ROLAND, REED #438087.

CHARGING OFFICER: CALHOUN, A

SHIFT/CARD: 1 A

INMATE NOTIFICATION

TIME & DATE NOTIFIED: 1140 12-13-91 BY: (PRINT) Bunnell

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS

NOTICE. INMATE NOTIFICATION SIGNATURE: *[Signature]* DATE: 12-13-91

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: _____ DATE: _____

HEARING INFORMATION

HEARING DATE: 12/18/91 TIME: 6:59 AM TAPES: 191 SIDE# 2 START# 322 END# 350

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF HEARING, (2) IF ACCUSED INMATE WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE SCENE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING, AND (6) IF INMATE WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING.

OFFENSE CODES:

INMATE PLEA: (G, NG, NONE)

FINDINGS: (G, NG, DS)

REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)

IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT (B) OFFICER'S REPORT (C) WITNESS TESTIMONY, (D) OTHER.

EXPLAIN IN DETAIL:

HEARING LENGTH: 3 (MINUTES)

PUNISHMENT

LOSS OF PRIV(DAYS)	REPRIMAND	SOLITARY(DAYS)
*RECREATION(DAYS)	EXTRA DUTY(HOURS)	REMAIN LINE 3
*COMMISSARY(DAYS) 10	CONT.VISIT SUSP THRU / /	REDUC.CLASS FROM TO
*PROPERTY(DAYS)	CELL RESTR(DAYS)	GOOD TIME LOST(DAYS)
* (DAYS)	SPECIAL CELL RESTR(DAYS)	DAMAGES.....\$

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:

Fighting w/ another inmate

DIT FOR PRE-HEARING DETENTION TIME? YES(DAYS) NO NA

DATE PLACED IN PRE-HEARING DETENTION

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: *[Signature]*

HEARING OFFICER (PRINT) WARDEN STATE CLASS COMMITTEE MEMBER

(FORM I-47MA) CONTACT YOUR CORRECTIONAL COUNS IF YOU DO NOT UNDERSTAND THIS FORM.

(REV. 03-90) COMUNIQUESE CON SU CONSEJERO CORRECCIONAL SI NO ENTIENDE ESTA FORMA

TDCJ-ID DISCIPLINARY REPORT AND HEARING RECORD

CASE: 940021976 TDCJ-ID#: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSNB: G-2 03 JOB: TVCC DRAFTING SCH IQ: 105
 CLASS: S2 CUST: MO PRIMARY LANGUAGE: ENGLISH MHRM RESTRICTIONS: YES NO
 GRADE: MI / JKJ OFF. DATE: 10/02/93 02:15 PM LOCATION: B G WING DAYROOM

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT G WING DAYROOM, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, DID ENGAGE IN A FIGHT WITHOUT A WEAPON WITH INMATE DAVIS, REGINALD VAUGHN, #619430.

CHARGING OFFICER: LAMBRIGHT, C

SHIFT/CARD: 2 C

TIME & DATE NOTIFIED: 2:15 hrs 10-11-93 INMATE NOTIFICATION BY: (PRINT) D. ROGERS CO III.

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE NOTIFICATION SIGNATURE: _____ DATE: _____

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: *Gary Renard* DATE: 10-11-93

HEARING INFORMATION

HEARING DATE: 10/13/93 TIME: 1:28 hrs

INMATE STATEMENT: *my disciplinary report for IT 5518*

OFFENSE CODES: 21.0

INMATE PLEA: (G, NG, NONE) G

FINDINGS: (G, NG, DS) G

PUNISHMENT

LOSS OF PRIV(DAYS) 0 REPRIMAND

*RECREATION(DAYS) 15 EXTRA DUTY(HOURS)

*COMMISSARY(DAYS) 15 CONT. VISIT SUSP THRU / /

*PROPERTY(DAYS) CELL RESTR(DAYS)

* (DAYS)

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: *Gary Renard*

HEARING OFFICER(PRINT) *E. Williams* WARDEN

TDCJ-ID DISCIPLINARY REPORT AND HEARING RECORD
 CASE: 920143791 TDCJ-ID#: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSNQ: X-BAH 06 JOB: UNASGN PRE HEARING IQ: 105
 CLASS: S3 CUST: MI PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: YES/NO
 DE: MA / JKJ OFF. DATE: 05/06/92 05:20 PM LOCATION: B H WING DAYROOM

DEFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT H WING DAYROOM, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, DID ASSAULT INMATE BOWEN, JAMES, #657224, WITHOUT A WEAPON.

CHARGING OFFICER: EMERSON, R SHIFT/CARD: 2 H

TIME & DATE NOTIFIED: 5/2/92 1240 BY: (PRINT) Snow

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. INMATE NOTIFICATION SIGNATURE: [Signature] DATE: 5/6/92

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: [Signature] DATE: 5/6/92

HEARING DATE: 5/8/92 TIME: 9:13 AM TAPE#: 271 SIDE#: 1 START#: 528 END#: 568

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF HEARING, (2) IF ACCUSED INMATE WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING, AND (6) IF INMATE WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT HEARING.

OFFENSE CODES:

INMATE PLEA: (G, NG, NONE)

FINDINGS: (G, NG, DS)

REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)

IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT (B) OFFICER'S REPORT, (C) WITNESS TESTIMONY, (D) OTHER.

EXPLAIN IN DETAIL:

HEARING LENGTH: 2 (MINUTES)

PUNISHMENT

LOSS OF PRIV (DAYS)

REPRIMAND

SOLITARY (DAYS)

*RECREATION (DAYS)

EXTRA DUTY (HOURS)

REMAIN LINE 3

*COMMISSARY (DAYS)

CONT. VISIT SUSP THRU

REDUC. CLASS FROM

*PROPERTY (DAYS)

CELL RESTR (DAYS)

GOOD TIME LOST (DAYS)

* (DAYS)

SPECIAL CELL RESTR (DAYS)

DAMAGES

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:

WAS PLACED IN PRE-HEARING DETENTION TIME? YES (DAYS) NO

DATE PLACED IN PRE-HEARING DETENTION: 5/6/92

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT:

HEARING OFFICER (PRINT)

WARDEN

STATE CLASS COMMITTEE MEMBER

(FORM I-47MA) CONTACT YOUR CORRECTIONAL COUNS IF YOU DO NOT UNDERSTAND THIS FORM.

(REV. 03-90) COMUNIQUESE CON SU CONSEJERO CORRECCIONAL SI NO ENTIENDE ESTA FORMA

TDCJ-ID DISC INMATE REPORT AND HEARING RECORD

CASE: 920118516 TDCJ-ID#: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSNB: H-2 32 JOB: REC. YARD JANITOR 2ND. IQ: 105
 CLASS: S3 CUST: MI PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: YES/NO
 GRADE: MA / RMF OFF. DATE: 02/24/92 12:50 PM LOCATION: B T WING 2 ROW

DEFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT TWO ROW 232, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, DID EXPOSE HIS PENIS TO OFFICER CALHOUN WITH INTENT TO (GRATIFY) THE SEXUAL DESIRE OF INMATE GREEN.

CHARGING OFFICER: CALHOUN, CO III

SHIFT/CARD: 1 A

INMATE NOTIFICATION

TIME & DATE NOTIFIED: 04:42 3-24-92 BY: (PRINT) *Patricia SSS*
 YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. INMATE NOTIFICATION SIGNATURE: *[Signature]* DATE: *3/24/92*
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.
 INMATE WAIVER SIGNATURE: _____ DATE: _____

HEARING INFORMATION

HEARING DATE: *4/3/92* TIME: *6:30 am* TAPE#: _____ SIDE#: _____ START#: _____ END#: _____
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF HEARING, (2) IF ACCUSED INMATE WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING, AND (6) IF INMATE WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING.

Statement: I was changing into my Jock Strap. She saw me naked, but I wasn't masturbating.

OFFENSE CODES: *20.0*
 INMATE PLEA: (G, NG, NONE) *NG*
 FINDINGS: (G, NG, DS) *G*
 REDUCED TO MINOR (PRIOR TO DOCKET) _____ (DOCKET) _____ (HEARING) _____ BY: (INITIAL) *per JDW*
 IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER.
 EXPLAIN IN DETAIL: _____

HEARING LENGTH: *2* (MINUTES)

PUNISHMENT

LOSS OF PRIV(DAYS) _____	REPRIHAND. _____	SOLITARY(DAYS) _____
*RECREATION(DAYS) _____	EXTRA DUTY(HOURS) _____	REMAIN LINE 3 _____
*COMMISSARY(DAYS) _____	CONT. VISIT SUSP THRU _____	REDUC. CLASS FROM _____ TO _____
*PROPERTY(DAYS) _____	CELL RESTR(DAYS) _____	GOOD TIME LOST(DAYS) _____
* _____ (DAYS) _____	SPECIAL CELL RESTR(DAYS) _____	DAMAGES \$ _____

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: _____

Exposing himself to female staff

CREDIT FOR PRE-HEARING DETENTION TIME? YES (DAYS) _____ NO (NA) _____
 DATE PLACED IN PRE-HEARING DETENTION: *NA*
 INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: *[Signature]*

HEARING OFFICER (PRINT) WARDEN _____ STATE CLASS COMMITTEE MEMBER _____

(FORM I-47MA) CONTACT YOUR CORRECTIONAL COUNS IF YOU DO NOT UNDERSTAND THIS FORM.
 (REV. 03-90) COMUNIQUESE CON SU CONSEJERO CORRECCIONAL SI NO ENTIENDE ESTA FORMA.

TDCJ-ID DISCIPLINARY REPORT AND HEARING RECORD

CASE: 920159377 TDCJ-ID#: 55336 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSNG: P-1 25 JOB: LIMITED FIELD 4 IQ: 105
 CLASS: S4 CUST: ME PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: YES/NO
 G: MI / ACJ OFF. DATE: 06/03/92 07:00 AM LOCATION: B P WING DAYROOM

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT P WING DAYROOM, INMATE GREEN, GARY RENARD,
 TDCJ-ID NO. 553362, REFUSED TO TURN OUT FOR HIS WORK ASSIGNMENT WITHOUT A
 LEGITIMATE REASON.

CHARGING OFFICER: BERRYHILL, M

SHIFT/CARD: 1 H

INMATE NOTIFICATION

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS
 NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL
 STATEMENT.

INMATE NOTIFICATION SIGNATURE: Gary Renard DATE: 6/4/92

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE
 HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: _____ DATE: _____

HEARING DATE: 6-10-92 TIME: 2:15 HEARING INFORMATION

INMATE STATEMENT: was inside the infirmary as a walk-in

OFFENSE CODES: 25.0
 INMATE PLEA: (G, NG, NONE) 26
 FINDINGS: (G, NG, DS) 6

PUNISHMENT

LOSS OF PRIV(DAYS) _____ REPRIMAND _____
 *RECREATION(DAYS) _____ EXTRA DUTY(HOURS) _____
 *COMMISSARY(DAYS) 5 CONT. VISIT SUSP THRU _____
 *PROPERTY(DAYS) _____ CELL RESTR(DAYS) 15
 * _____ (DAYS) _____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT

HEARING OFFICER(PRINT)

WARDEN

TDCJ-ID DISCIPLINARY REPORT AND HEARING RECORD

CASE: 920013957 TDCJ-ID#: 553362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSG: H-2 32 JOB: REC. YARD JANITOR 2ND. IQ: 105
 CLASS: S3 CUST: MI PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS: YES/NO
 GRADE: MI / HEK OFF. DATE: 09/16/91 09:45 AM LOCATION: B INFIRMARY

DEFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT INFIRMARY, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, WAS ORDERED BY MEDICAL STAFF TO GO INTO HIS MEDICAL APPOINTMENT AND SAID INMATE FAILED TO OBEY THE ORDER.

CHARGING OFFICER: RODRIGUEZ, D

SHIFT/CARD: 1 L

INMATE NOTIFICATION

TIME & DATE NOTIFIED: 06/2 9-25-91 BY (PRINT): H. Blacklock
 YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE NOTIFICATION SIGNATURE: X DATE: 9-25-91

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: Gary R. Green DATE: 9-25-91

HEARING INFORMATION

HEARING DATE: 9-28-91 TIME: 0800
 INMATE STATEMENT: I didn't receive a medical appt.

OFFENSE CODES:	24.0				
INMATE PLEA: (G, NG, NONE)	NG				
FINDINGS: (G, NG, DS)	G				

PUNISHMENT

LOSS OF PRIV(DAYS)	REPRIMAND
*RECREATION(DAYS)	EXTRA DUTY(HOURS)
*COMMISSARY(DAYS)	CONT.VISIT SUSP THRU
*PROPERTY(DAYS)	CELL RESTR(DAYS)
* (DAYS)	

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT:

HEARING OFFICER(PRINT)

WARDEN

CASE: 910028556 TDCJ-ID#: 55-62 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSN: H-2 32 JOB: ORD SEG R 2 IQ: 105
 CLASS: S3 CUST: MI PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: YES/NO
 GRADE: MI / RMF OFF. DATE: 03/06/91 07:15 AM LOCATION: B H WING 2 ROW

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT H WING, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 553362, WAS ORDERED BY OFFICER PARISH TO COME OUT FOR SCHOOL AND SAID INMATE FAILED TO OBEY THE ORDER.

CHARGING OFFICER: PARISH, F

SHIFT/CARD: 1 E

INMATE NOTIFICATION

TIME & DATE NOTIFIED: 3-12-91 12

BY: (PRINT)

Hamill CATT

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE NOTIFICATION SIGNATURE:

Gary Renard

DATE:

3-12-91

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE:

DATE:

HEARING INFORMATION

HEARING DATE: 2-14-91 TIME: 10:25

INMATE STATEMENT:

OFFENSE CODES:

24.0

INMATE PLEA: (G, NG, NONE)

N.G.

FINDINGS: (G, NG, DS)

G

PUNISHMENT

LOSS OF PRIV (DAYS)

REPRIMAND

*RECREATION (DAYS)

EXTRA DUTY (HOURS)

*COMMISSARY (DAYS)

CONT. VISIT SUSP THRU

*PROPERTY (DAYS)

CELL RESTR (DAYS)

* (DAYS)

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT:

Gary Renard

HEARING OFFICER (PRINT)

WARDEN

(FORM I-47MI) CONTACT YOUR CORRECTIONAL COUNS IF YOU DO NOT UNDERSTAND THIS FORM.
 (REV. 03-90) COMUNIQUESE CON SU CONSEJERO CORRECCIONAL SI NO ENTIENDE ESTA FORMA

TDCJ-ID: 53362 NAME: GREEN, GARY RENARD EA: 10.1
 UNIT: B HSN: H-2 32 JOB: REC. YARD JANITOR 2ND. IQ: 105
 CLASS: S3 CUST: MI PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: YES/NO
 GRADE: MI / RMF OFF. DATE: 09/20/91 01:00 PM LOCATION: B INFIRMARY

OFFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT INFIRMARY, INMATE GREEN, GARY RENARD, TDCJ-ID NO. 53362, WAS ORDERED BY MEDICAL STAFF TO GO INTO HIS MEDICAL APPOINTMENT, AND SAID INMATE FAILED TO OBEY THE ORDER.

CHARGING OFFICER: RODRIGUEZ, D.

SHIFT/CARD: 1 L

TIME & DATE NOTIFIED: 10/1/91 7:00 AM BY (PRINT) A. M. Prence, C

YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE NOTIFICATION SIGNATURE: Gary R. Green DATE: 10/1/91

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: DATE:

HEARING INFORMATION

HEARING DATE: 10/1/91 TIME: 08:42

INMATE STATEMENT: I wasn't notified

OFFENSE CODES:	24.0			
INMATE PLEA: (G, NG, NONE)	NG			
FINDINGS: (G, NG, DS)	G			

PUNISHMENT

LOSS OF PRIV (DAYS)	REPRIMAND
*RECREATION (DAYS)	EXTRA DUTY (HOURS)
*COMMISSARY (DAYS) 15	CONT. VISIT SUSP THRU 1/1
*PROPERTY (DAYS)	CELL RESTR (DAYS)
* (DAYS)	

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: Gary R. Green

HEARING OFFICER (PRINT) D. Rodriguez

WARDEN E. Honaker

INMATE ID# 535409 NAME: GREEN, ROBERT ANDREW EA: 1.6
 UNIT: B HSNB: T-1 22 115 JOB: HOE SGT 05 IQ: 061
 CLASS: L3 CUST: CC PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS: YES NO
 GRADE: MI / GBF OFF. DATE: 07/17/91 09:00 AM LOCATION: B MISCELLANEOUS

DEFENSE DESCRIPTION

ON THE DATE AND TIME ABOVE, AND AT SOUTH HARDEN BOTTOM, INMATE GREEN, ROBERT ANDREW, TDCJ-ID NO. 535409, DID FAIL TO COMPLETE A REASONABLE AMOUNT OF HIS WORK ASSIGNMENT IN THAT HE WAS HITTING THE GROUND ONE TIME WITH HIS GRUBBING HOE, WHEN IN FACT HITTING THE GROUND FOUR TIMES WITH HIS TOOL WAS A REASONABLE AMOUNT.

CHARGING OFFICER: MINTER, W

SHIFT/CARD: 1 S

INMATE NOTIFICATION

TIME & DATE NOTIFIED: 1:30 7-31-91 BY: (PRINT) W. T. Minter COTW
 YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE NOTIFICATION SIGNATURE: V. Robert Green DATE: 7-31-91

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

INMATE WAIVER SIGNATURE: _____ DATE: _____

HEARING INFORMATION

HEARING DATE: 8-3-91 TIME: 2:10

INMATE STATEMENT: _____

NO STATEMENT

OFFENSE CODES: 28.0
 INMATE PLEA: (G, NG, NONE) G
 FINDINGS: (G, NG, DS) G

PUNISHMENT

LOSS OF PRIV(DAYS) _____ REPRIMAND _____
 *RECREATION(DAYS) _____ EXTRA DUTY(HOURS) _____
 *COMMISSARY(DAYS) 13 CONT. VISIT SUSP THRU 15
 *PROPERTY(DAYS) _____ CELL RESTR(DAYS) _____
 * _____ (DAYS) _____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT

HEARING OFFICER(PRINT)

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State's Exhibit Number 160
Parole Board Letter
(Copy Attached)

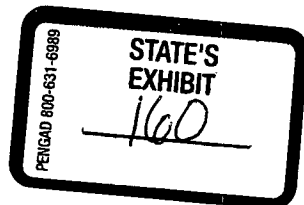
Mr. & Mrs. Leon & Mary Sampson
415 Kenard Dr.
Dallas Texas 75217
(214) 391-8229

Farole Board Members
Post Office Box 128
Beto Line, Texas 75580

To whom it may concern;

We are the parents of Gary R. Green #553362, which we plan to see to it he is able to reestablish back in society. We plan to support him in any or all possible ways. Feel free to contact me for any questions or etc... I look forward to see my son home soon, very soon... I witnessed a change within him over the years to grow into a better man or into a man. My son isn't the man he use to be.

Thank you



Sincerely,
The Sampsons

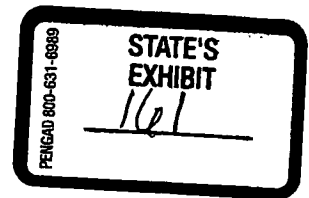
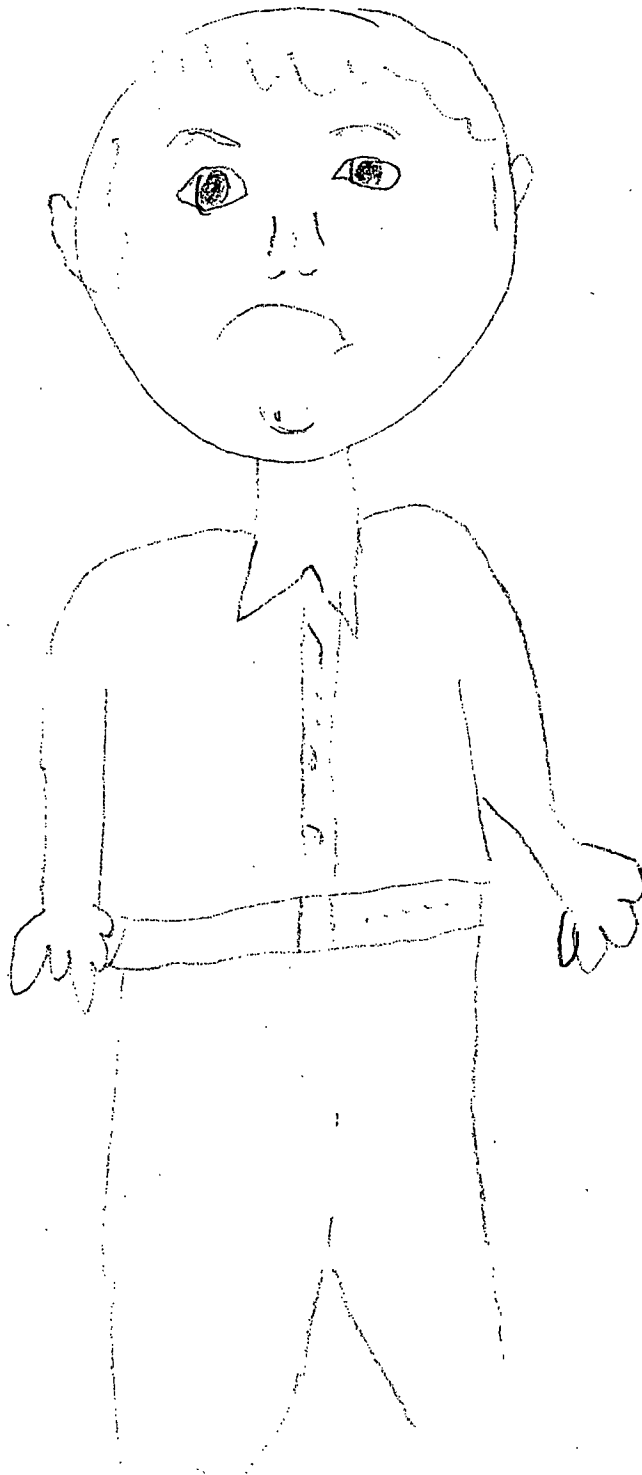
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State's Exhibit Number 161

Dr. Martinez Test

(Copy Attached)

DAP



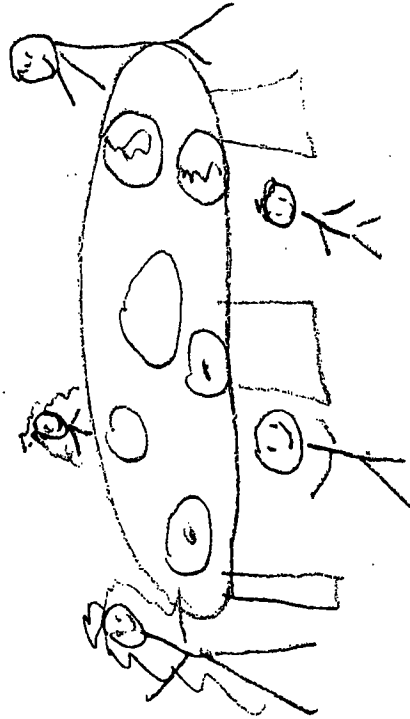
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State's Exhibit Number 162

Dr. Martinez Test

(Copy Attached)

family dinner



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State's Exhibit Number 163

Dr. Martinez Test

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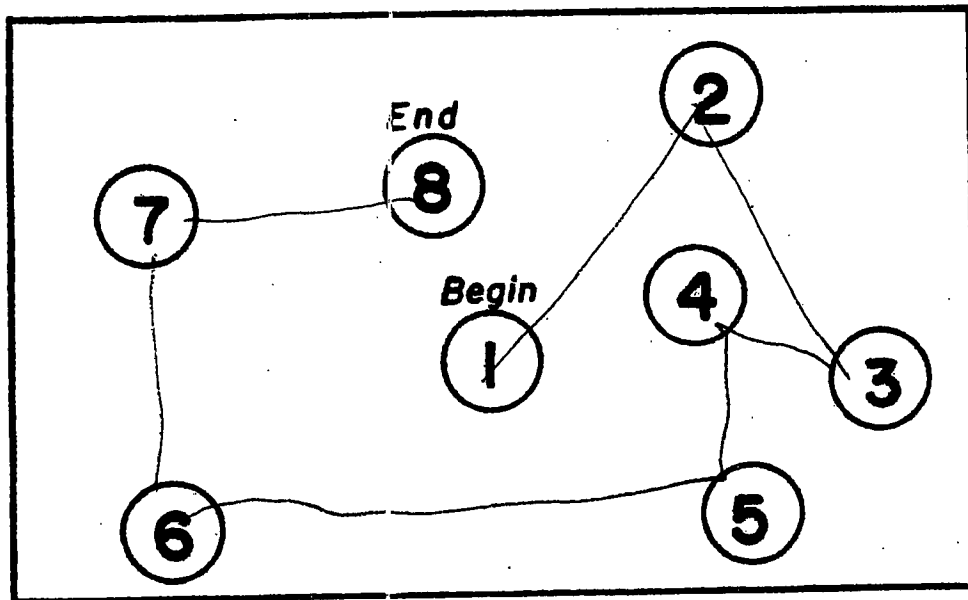
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Part A

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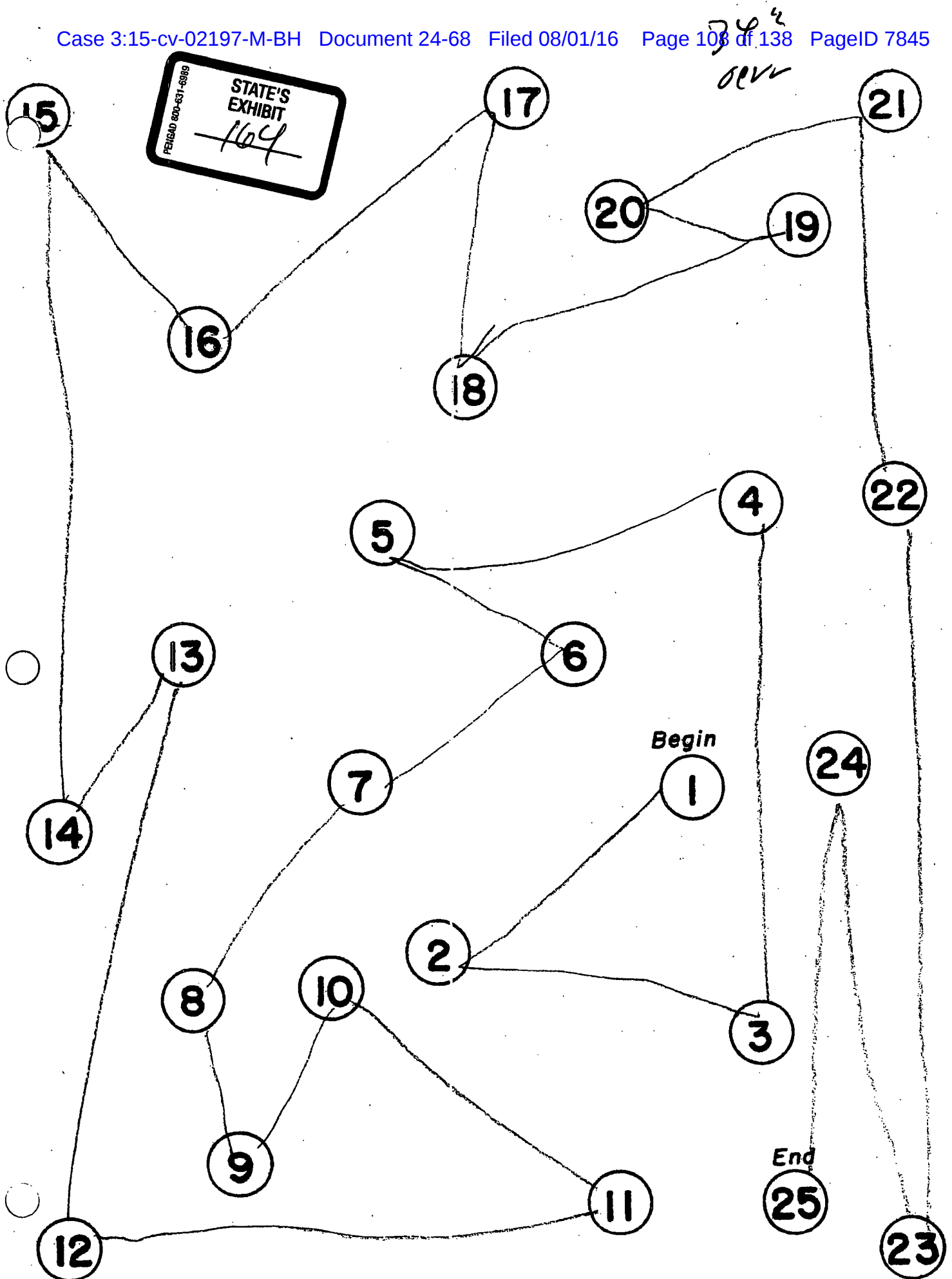


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State's Exhibit Number 164

Trails A Test

(Copy Attached)

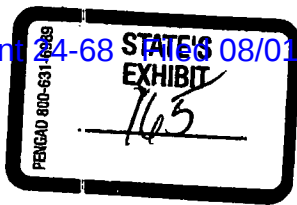


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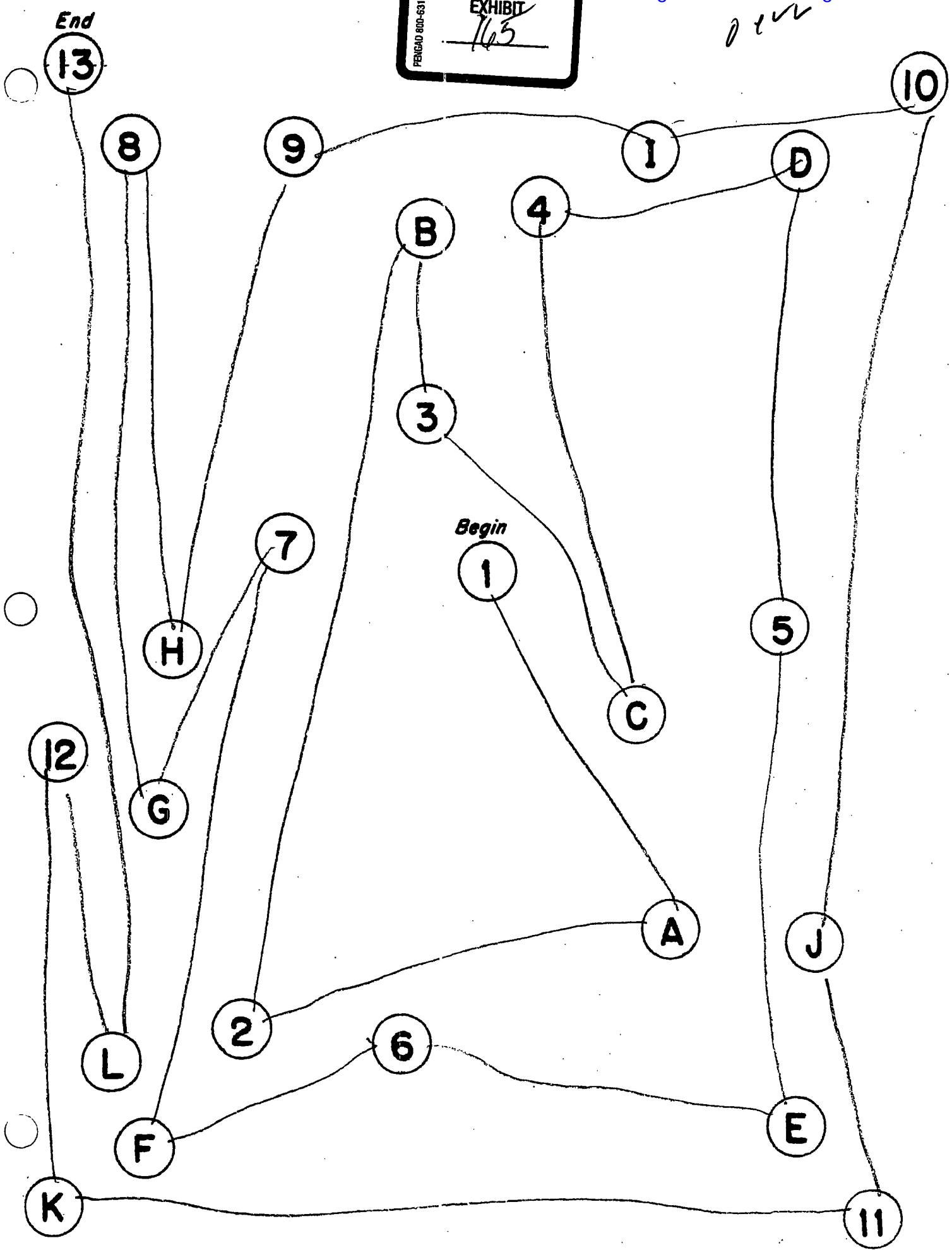
State's Exhibit Number 165

Trails B Test

(Copy Attached)



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State's Exhibit Number 166

Dr. Goodness Documents

(Copy Attached)

Dr. Goodness & Associates

A Clinical and Forensic Psychology Practice

121 Olive Street
Keller, Texas 76248

(817) 379-4663
Facsimile (817) 379-0320

January 12, 2010

Gilbert Martinez, Ph.D.
South Texas Neuropsychological Associates, PLLC
3603 Paesanos Parkway
Suite 300
San Antonio, TX 78231

Re: Gary Green, Cause No: F09-59380

Dear Dr. Martinez:

Thank you for agreeing to evaluate Gary Green. Mr. Green is currently housed at the Dallas County Jail. Contact the Deputy Porforio Limones when you are ready to schedule the evaluation. I suggest requesting an office in the jail medical facility or staff meeting room. Should they present the defendant in shackles, please request that those be removed in order to prevent test invalidation. I do not anticipate that this will be a problem.

Please do not discuss the alleged offense with the defendant. You are not being asked to opine about any issue related to mental state at the time of the offense, or other strictly forensic issue. Instead, please conduct a thorough neuropsychological examination and issue a report detailing his social history, test results and your opinions regarding the following questions:

- Does the defendant possess any neuropsychological deficits?
 - If so, what is the extent and nature of the deficits?
 - How might the deficits affect his daily functioning, decision making ability and life choices?
 - Does the defendant have any attention or concentration deficits that would negatively impact his ability to participate meaningfully in a trial where his death is being sought?



- Does the defendant possess any mental health diagnoses?
 - Are there any indications of a psychotic disorder?
 - Is the defendant a person with Mental Retardation?
- Please pay particular attention to effort to ensure the validity of your test results.

I look forward to receiving your findings. Please let me know if you have any questions regarding the referral issues. Should you not receive a court order appointing you to this case, please contact Paul Johnson at (214) 202-8461.

Regards,



Kelly R. Goodness, Ph.D.
Clinical and Forensic Psychologist
License# 3-1223

KG/wp

CC: Paul Johnson

Dr. Goodness & Associates

A Clinical and Forensic Psychology Practice

121 Olive Street
Keller, Texas 76248

(817) 379-4663
Facsimile (817) 379-0320

Collateral Interview Summary – Nysasno Carter, the defendant's half-brother

June 14, 2010 – Dallas County Courthouse

The State of Texas vs. Gary Green

-
- Nysasno now works for himself running two trucks. He does both short and long haul. He employs others.
 - In the past, Nysasno has worked for his stepfather doing remodeling work, just as Gary did. Gary would become very jealous that Nysasno would bring home a paycheck from that work, though Gary frequently refused to go to the jobsite, or when he did go he was very clumsy and had no ability to follow the directions for even simple carpentry skills. Nysasno does not believe that Gary deliberately messed up jobs, rather he was incapable of being competent at the job.
 - Gary was not able to perform basic tasks of carpentry, such as measuring wood and cutting it to the length needed. He would be shown how to do something over and over again, but couldn't do it. He was able to talk about doing a task, but he was never able to apply the principals he was taught.
 - Nysasno also worked with Gary at Wal-Mart. Gary did a good job there as a night crew supervisor. At least he did so at first, but ended up not doing what was required of him or leaving before his shift was done. The managers began to ask Nysasno what was wrong with his brother. He didn't know what to tell them. Gary just seemed to flake out, and he has decline "from that point on over the years." That was when he was about 27 or 29.
 - Other examples of Gary doing a bad job or just simply not understanding what was being taught to him involve their father teaching them to change the oil in a vehicle. Gary put the oil in a gas tank, seeming to truly believe that was what he was supposed to do. Nysasno believes that Gary has needed help since Nysasno was 9 years of age.
 - Gary has always believed that somebody was out to get him.
 - Gary talks to himself and you would swear someone was in the room with him. Nysasno would ask him who he was talking to and Gary would get defensive.
 - At times, Gary talks and does not make sense. If Nysasno asks him questions to see if he is oriented, such as where he is, Gary gets mad. Nysasno sometimes asks him if he is drinking or high since he is not making sense, and Gary defensively responds "Are you drinking or high?"

- Gary frequently would withdraw into himself. Gary was always seen by others as being mad or acting crazy. A number of Nysasno's friends have mentioned that Gary was crazy. Some days they were scared to approach him. Those individuals include Rodney Haines, Levy Smith, Corey Foster, Jones Jernigan and Keith Perkins. (NOTE: *The private investigator should interview these individuals.*)
- Gary frequently seemed to say the opposite of what he should be saying.
- Gary frequently stated "No one ever understands me." He always talked about being stressed.
- Gary frequently perseverated on issues of death.
- Nysasno sees his brother as having at least three different personalities and frequently would ask Gary which one he "was dealing with today." You never knew how he was going to respond.
- Nysasno believed on numerous occasions that Gary should go to hospital and told him so. Gary was resistant. He does believe he received some kind of treatment during his incarceration.
- Gary always complained of being tired.
- Nysasno believes that Gary wants to die now and will deliberately do nothing to help himself in his case.
- Gary frequently "would just be staring at me" as if no one where home. He would shut down for no reason and have a zombie-like stare.
- On at least two occasions, Nysasno was speaking with Gary on the phone. They had no argument or problem, but Gary would simply put the phone down without warning. It was nonsensical.
- Nysasno felt that Gary's father and him were the same. Nysasno allowed his father to stay at Nysasno's home once and all he wanted to do was watch movies all day long and he seemed to act like Gary.
- Nysasno described loose associations.
- Gary never seemed invested in anything and never seemed like anything went right for him. He always said that no one would understand him, just as their father did.
- Gary frequently would not tell their mother much of anything of import because she always told him he was just like his father.
- When their father was on life support, Gary opened up and told him he hated him. He was crying and then their father passed. Gary hated their father for not being there for them. Nysasno has tried to get Gary to see that he needs to be there for his own children.
- Nysasno spend four and a half years in prison for aggravated robbery. He was out in 1997.
- Gary has asked Nysasno to get his son's name changed so Gary's action would not affect him. The child's teacher told him his daddy was a baby killer and the child threw a stapler. Gary being where he is for what he is there for is affecting the children.
- Jaden, Gary's daughter, appears to also have mental health problems. "She's different than my kids. She reminds me of him." She frequently forgets what she is doing. Loud noises bother her a lot, just like they do Gary.
- As children, Gary had difficulty accepting Mr. Carter as his stepfather. It was the typical stepchild mode, stating that his stepfather "ain't my father." Nysasno was disappointed with Gary for this because Mr. Carter was always kind to them. The arguments never got out of hand.

- Nysasno never knows how Gary is going to be. One minute you're having a regular conversation with him and then an hour later he's talking about how tired and depressed he is when he wasn't an hour before. Nysasno describes him as frequently "going off the deep end."
- In terms of family history of mental illness, Gary's paternal aunt, Pearlie Carter, was on many medications, though Nysasno is not sure what these were for.
- Gary has "ups and downs, highs and lows."
- Nysasno sees his brother and book smart, but he can't apply any concepts.
- All Nysasno knows about Gary's prior criminal history with Jennifer is that he took her to a park, tied her up and stabbed her. He threw her in a creek. He drove around and went back and took her to the hospital.
- Nysasno believes that Lavetta filing for divorce initiated the offense. Gary has told him he does not know why he stabbed the baby other than Lavetta grabbed the baby.
- After the offense, Nysasno spoke with Gary around 6:30 or 7 p.m. and asked what happened. Gary said he was cleaning up. Nysasno could tell he was not in the right frame of mind. He looked like death. He was aglow with death. He was not responding even when the police spoke with him.
 - He kept saying he was tired of living.
- When Gary was first incarcerated, he became Muslim, but then he reconverted when he got it.
- Always wondered "what frame of Earth am I dealing with today" with Gary.
- He considered forcefully taking Gary to the hospital and instead repeatedly spent time talking to him about going to the hospital. Gary agreed multiple times but by the time morning would roll around would not go.
- He was not surprised with Gary went to Timberlawn.

Nysasno Carter (defendant's half-brother)

- Family History:
 - From the interview, it is known that Mr. Carter has children.
- Occupational History:
 - Mr. Carter worked for his step-father, Mr. Sampson, doing remodeling work as an adolescent.
 - Mr. Carter worked at Wal-Mart about the same time the defendant.
 - Mr. Carter now either works for or runs and owns a trucking company.
- Criminal History:
 - Mr. Carter has been incarcerated one reported time for four years. He was released in 1997.

Defendant's Family History:

- The defendant's father at the time lived in Fort Worth, Texas. He is reported to have acted just as Mr. Green did. He would "go off the deep end" like Mr. Green and couldn't apply concepts but was "book smart." He is now deceased.
- From the interview with Mr. Carter, it is known that the defendant has three daughters, one of which is now deceased, and a son, Gary Jr.

Defendant's Mental Health History:

- Mr. Carter reports that the defendant suffers from depression and from times of highs and lows. "He has his ups and downs."
 - Reportedly, one minute the defendant would be having regular conversation and then an hour later begin talking about how tired and depressed. Mr. Carter explained it as "going off the deep end."
- Mr. Carter stated that the defendant talked about harming himself often and about always being tired.
 - The defendant now wants to die by doing nothing to help his case.
- It was reported that the defendant used marijuana.
- During a previous incarceration, the defendant is reported to have been seeing a mental health professional, possibly a psychiatrist.
 - Mr. Carter had reason to believe that the defendant on numerous occasions should go to a hospital and receive some type of treatment.
- Mr. Carter reports of believing that the defendant had "three different personalities" and would frequently ask Mr. Green which one is he "dealing with today."
- "No one ever understands me" was a common statement made by the defendant to Mr. Carter and his mood or topic of discourse would be about death.
- Mr. Carter reported that the defendant acted as if someone was always out to get him.
- The defendant is reported to have been rebellious as an adolescent. Mr. Carter reports of the defendant entering "a typical step-child mode" and stating to his step-father, Mr. Sampson, "You ain't my father." Once Ms. Sampson became involved in these arguments though, it was reported that things would reconcile and the defendant would speak again to his step-father and things would be "normal".
- The defendant would withdrawal to himself a lot.
- The defendant reportedly would talk to himself and hear voices.
- Word salad is a reported symptom suffered by the defendant.
- Mr. Carter reported that the defendant and he had two dogs together, as children, and Mr. Green and a friend Marcus set fire to the dogs.
- The defendant was seen by other as always being mad or "crazy."
- Adaptive Functioning:

- The defendant was unable to perform basic tasks such as measure wood and cut the length needed. After being show how to do something, Mr. Carter reported, it seemed he wasn't able to do it by himself. He was able to talk about doing something but was never able to apply the principle.
- The defendant was seen as clumsy to Mr. Carter.
- Family History of Mental Illness:
 - The defendant's 7-year-old daughter is reported to experience attention difficulties.
 - The defendant's father's sister, Pearly Carter, is reported to be only many medications but Mr. Carter is unsure of what all these medications are used for.

Defendant's Occupational History:

- The defendant is reported to have worked with Mr. Carter as an adolescent for Mr. Sampson doing on the side jobs of remodeling.
 - Mr. Carter states that the defendant would go but leave soon after going to the job site, never completing his day of work.
 - The defendant never was capable of doing the tasks required of this job.
- Worked at Wal-Mart as a night crew supervisor.
 - Even though it was reportedly a good opportunity for the defendant, he ended up not doing what was required of him and he ended up showing up to work but leaving before it was the end of his shift.

Defendant's Educational History:

- The defendant was reported to be "book smart".
- "When he really wanted to do something, he'd do well in school, like cross country or track."

Defendant's Criminal History:

- Mr. Carter reported that all he knew about an incident with a Jennifer was that "he took her to the park, tied her up, stabbed her, and threw her in the creek. He rolled around, went back and took her to the hospital."

Information Pertaining to the Offense (reported by Mr. Carter):

- A divorce filing was the initiating event of the offense.

- It was stated that “she grabbed the baby” and he “doesn’t know why he stabbed the baby.”

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Defendant's Exhibit Number 1

Tylenol Package

(Not Attached - Retained by Physical Evidence Clerk)

(Photo attached)

PENGAD 800-631-6989

DEFENDANT'S
EXHIBIT

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Defendant's Exhibit Number 2

Inmate Records

(Copy Attached)



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFICE OF THE INSPECTOR GENERAL

John M. Moriarty
Inspector General

September 28, 2009

Lt. Jim Spurger
Investigation Division
Dallas District Attorney's Office
133 N. Industrial Blvd. LB 19
Dallas, Texas 75207-4399

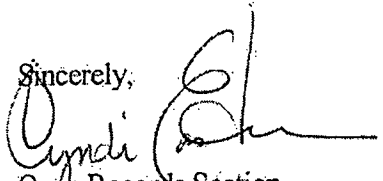
RE: Gary R. Green, TDCJ# 553362, DOB 3.14.1971

Dear Lt. Spurger,

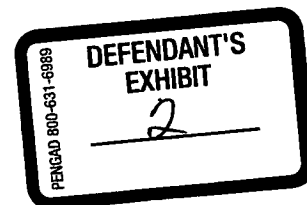
The Office of the Inspector General (OIG) has received your Grand Jury Subpoena Duces Tecum in the above named matter.

Please be advised that, after a thorough search of our records, we have found one case that is responsive to your subpoena. Please note that the OIG has attached Criminal Case Number 1994-0029 and a Business Records Affidavit.

Sincerely,


Cyndi
Open Records Section
Office of the Inspector General

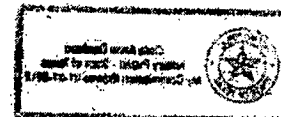
Enclosures



OFFICE OF THE INSPECTOR GENERAL

2503 Lake Road, Suite 5 • Huntsville, Texas 77340 • Phone (936) 437-5184 • Fax (936) 438-8443 • Email: oig@tdcj.state.tx.us

IL-0620 (07/2005)



**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTERNAL AFFAIRS DIVISION**

CRIMINAL CASE INFORMATION WORKSHEET

(1) 94-0029TDCJ (2) B1 (3) 01-09-94 (4) 01-19-94
CRIMINAL CASE NUMBER (assigned by CASE MANAGEMENT) UNIT OR LOCATION DATE OF OFFENSE DATE CASE OPENED (assigned by CASE MANAGEMENT)

(5)

VICTIM, COMPLAINANT, OR WITNESS	V/C/W	TDC NUMBER / RANK	DOB	RACE	SEX	SOCIAL SECURITY NUMBER
ASHFORD, KEVIN W.	V	CO3	04-09-70	W	M	462-59-7754

(6)

SUSPECT'S NAME	TDC NUMBER / RANK	DOB	RACE	SEX	SOCIAL SECURITY NUMBER
GREEN, GARY RENARD	553362	03-14-71	B	M	465-47-9293

(7) INMATE GREEN THREW HIS FOOD TRAY AT OFFICER ASHFORD STRIKING ASHFORD IN THE
ABDOMEN WITH THE TRAY. GREEN THEN ATTACKED ASHFORD, KICKING HIM IN THE LEFT
FOOT..

SUMMARY OF OFFENSE

(8) EXACT LOCATION OF INCIDENT: BETO I
(9) VIOLATION OF STATE STATUTE(S): 22.02 AGG ASSAULT
WHICH IS A 3rd DEGREE FELONY or A CLASS MISDEMEANOR.
(10) INVESTIGATOR INITIALS: JDV

REQUEST FOR CASE OPENING

INVESTIGATOR SIGNATURE _____ DATE _____ TEAM CHIEF/C.I.O.B. _____ A.D.J.A.D./C.I.O.B./A.S.B. _____	Concur () Non-Concur () Approved () Disapproved ()
	Photocopy of OIG Case for Dallas City-County Date sent: 9/28/09 Sent by: cs Office of the Inspector General-Records Release Section UNAUTHORIZED COPYING OR VIEWING PROHIBITED



TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTERNAL AFFAIRS DIVISION

OFFENSE/INVESTIGATIVE REPORT

OFFENSE Aggravated Assault (PC 22.02)				CLASSIFICATION Felony		TAD CASE NUMBER: 94-0029TDCJ	
LOCATION OCCURRED Beto 1 Unit				COUNTY IN WHICH OFFENSE OCCURRED: Anderson		TYPE OF PREMISES: State Prison	
DATE: 01-09-94		TIME: 11:45 A.M.		DAY: Thursday		DATE REPORTED: 01-09-94	
TIME REPORTED: 11:50 AM		RECEIVED BY: LT. J. VANDERWERFF					
PERSON REPORTING OFFENSE: ASHFORD, Kevin, CO3				ADDRESS: Box 128 Tennessee Colony, Texas 75880			
BUSINESS PHONE: (903) 928-2217				RESIDENCE PHONE: NA			
VICTIM #1 NAME: (Last, First, MI) ASHFORD, Kevin W.				ADDRESS: Box 128 Tennessee Colony, Texas 75880			
BUSINESS PHONE: (903) 928-2217				RESIDENCE PHONE: NA			
OCCUPATION: Corrections Officer		RACE: W		SEX: M		DOB: 04-09-70	
						EMPLOYED BY: TDCJ-ID	
VICTIM #2 NAME: (Last, First, MI)				ADDRESS:			
BUSINESS PHONE:				RESIDENCE PHONE:			
OCCUPATION:		RACE:		SEX:		DOB:	
						EMPLOYED BY:	
SUBJECT #1 NAME: (Last, First, MI) GREEN, Gary R.				ADDRESS: Box 128 Tennessee Colony, Texas 75880			
SEX: M	RACE: B	DOB: 3-14-71	HEIGHT: 6-2	WEIGHT: 228	BUILD: Stocky	HAIR: Blk	EYES: Bro
COMPLEXION: Dark						TDCJ-ID or SOCIAL SECURITY NUMBER: 553362	
TDCJ EMPLOYEE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				EMPLOYEE JOB TITLE:			
TDCJ INMATE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				PAROLEE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SUBJECT #1 ADDITIONAL INFORMATION:							
SUBJECT #2 NAME: (Last, First, MI)				ADDRESS:			
SEX:	RACE:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:
COMPLEXION:						TDCJ-ID or SOCIAL SECURITY NUMBER:	
TDCJ EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>				EMPLOYEE JOB TITLE:			
TDCJ INMATE? YES <input type="checkbox"/> NO <input type="checkbox"/>				PAROLEE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SUBJECT #2 ADDITIONAL INFORMATION:							
AMOUNT:							
DRUG RELATED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				TYPE:			
BOOKED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				LOCATION:			
BOND:				PROPERTY SEIZED/CONFISCATED? IF YES, DESCRIBE:			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>			

SUMMARY: Officer ASHFORD ordered Inmate GREEN out of the dining hall. Inmate GREEN threw his tray on a table which struck Officer ASHFORD. Inmate GREEN then kicked Officer ASHFORD in the left shin.

TEAM CHIEF INITIAL bmCIBS INITIAL Epm

INVESTIGATOR

APPROVING AUTHORITY

Photocopy of OIG Case to: Dallas Cty. DA - J. Spurger

DATE: 9/28/09

Office of the Inspector General-Records Release Section

APPROVING AUTHORITY: [Signature] DATE: 3/7/94

Supplemental Offense Report
Case # 94-0029TDCJ
February 25, 1994
Page 3

Officer ASHFORD sustained the following injuries:

1. Minor abrasion to the right knee.
2. Minor abrasion to the left knee.
3. Minor abrasion to the left elbow.
4. Minor abrasion to the left shin.

Inmate ASHFORD required no hospitalization for his injuries.

VICTIM STATEMENT:

CO3 ASHFORD stated that on January 9, 1994, he was on C-side of the North inmate dining hall. He said that he approached and stopped Inmate Gary GREEN and told him to leave the dining hall and meet with Lieutenant McDOWELL in the hallway. CO3 ASHFORD stated that Inmate GREEN threw his food tray at ASHFORD, striking ASHFORD in the middle to lower body with the tray. ASHFORD further stated that Inmate GREEN then moved toward him aggressively, and then Inmate GREEN kicked ASHFORD in the left shin.

SUSPECT STATEMENT:

Inmate GREEN was interviewed at Beto 1 Unit on February 3, 1994. Prior to questioning, Inmate GREEN was advised of his rights under the provisions of the Miranda Warning. Inmate GREEN indicated that he understood his rights verbally and by initialing and signing a Miranda Warning form. Inmate GREEN voluntarily waived his rights and made a verbal statement. Inmate GREEN declined to reduce his statement to writing. Inmate GREEN stated that Officer ASHFORD had been constantly giving him trouble since GREEN asked for a witness statement in December 1993. Inmate GREEN stated that on January 9, 1994, he was standing in the serving line when Officer ASHFORD approached him and walked beside him until GREEN attempted to sit at a table. GREEN stated that Officer ASHFORD ordered GREEN out of the dining hall for no apparent reason. GREEN stated that he argued with Officer ASHFORD briefly, but dropped his tray on a table and turned to leave the dining hall as ordered. GREEN stated that Officer ASHFORD grabbed him from behind and put him in a choke hold. Inmate GREEN stated that he was restrained by Officer ASHFORD and two other officers whom he could not identify. GREEN denied that he threw his tray at Officer ASHFORD or that he kicked Officer ASHFORD.

threw his tray at Officer ASHFORD	
Photocopy of OIG Case to: Dallas Cty. DA - J. Spurger	
Date sent: 9/28/09	Sent by: ce
Office of the Inspector General-Records Release Section	
UNAUTHORIZED COPYING OR VIEWING PROHIBITED	

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

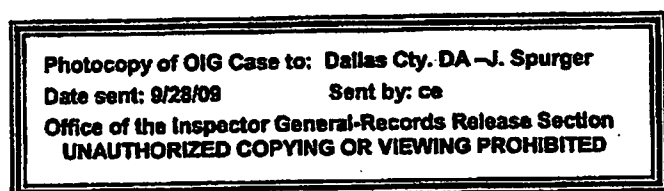
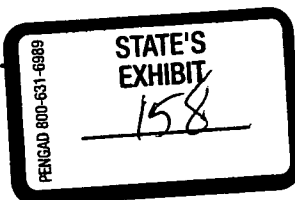
Inter-Office Communications

To Use of Force Date 1-9-94

From K. Ashford COIT Subject Officer Assault by
Mr Green, Inmate #553362

On 1-9-94 at appx 1145 hrs I officer Ashford, K COIT was on C-side in the north Choutall when inmate green during the course of me ordering said inmate to go to the Hallway and talk with Lt. McPowell threw his tray at me striking me in the mid to lower body and during the time after that he was coming toward me in an aggressive manner at which time he kicked me in the left shin.

462597754
K. Ashford COIT



Texas Department of Criminal Justice

INSTITUTIONAL DIVISION

Inter-Office Communications

To Use of ForceDate 01-09-94From J Williams CollSubject Assault Coll Ashford

ON 01-09-94 at approx 1145 I, Coll J Williams, saw that Officer K Ashford was having a verbal conflict with inmate Green Gary SS3362. As I approached the area Inmate Green threw his tray on the table scattering food all over the floor and table. As inmate Green threw the tray I heard some inmates yelling behind me so I turned in that direction. I turned back in Ashford's direction I saw that he was attempting to restrain inmate Green. I then went to assist Officer Ashford and we attempted to get Inmate Green to the floor both physically and verbally. Inmate Green continued to resist at which time I backed off and hit him near the knees with my shoulder at which time all three of us went to the floor, Officer J Dennis then arrived with handcuffs and gave them to Officer Ashford who placed them on inmate Green as Officer Dennis + I restrained inmate. Officer Skains then escorted inmate Green from dining area with no further incident.

Photocopy of OIG Case to: Dallas Cty. DA-J. Spurger
Date sent: 9/28/09 Sent by: ceOffice of the Inspector General-Records Release Section
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456-55-7070

J Williams

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

Inter-Office Communications

To USE of Force. Date 1-9-94

From OFFICER SKAINS, TERRY Subject Incident in NORTH chowhall

ON 1-9-94 I officer SKAINS, TERRY WAS WORKING D-SIDE NORTH chow hall when a ~~incident~~ Incident occurred ON C-SIDE NORTH chowhall. Involving OFFICERS AND A Inmate. I went TO ASSIST AND NOTIFIED THE Door Boss. When I ARRIVED THE officers Ashford, Kevin, AND Williams, James had THE Inmate RESTRAINED. I THEN escorted THE Inmate out of THE chowhall, THEN TO Emergency Room FOR Physical, THEN TO R-Wing Showers AREA. I THEN REMOVED THE HANDCUFFS WITH NO FURTHER Incident occurred.

Photocopy of OIG Case to: Dallas Cty. DA - J. Spurger
Date sent: 8/28/09 Sent by: ce
Office of the Inspector General-Records Release Section
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Defendant's Exhibit Number 3
DISD School Records
(Copy Attached)

BUSINESS RECORDS AFFIDAVIT

Before me, the undersigned authority, personally appeared Suzanne,
Who, being by me duly sworn, deposed as follows:

My name is Bela Davis, I am of sound mind, capable of making
this affidavit, and personally acquainted with the facts herein stated:

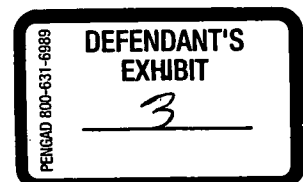
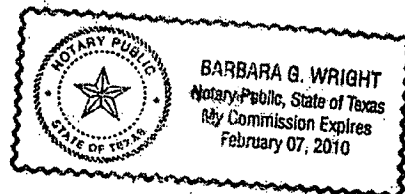
I am the custodian of the records of Student Records Service.
Attached hereto are 7 pages of records from Dallas ISD.
These said 7 pages of records are kept by Dallas Independent School District in the
regular course of business, and it was the regular course of business of Dallas ISD
For an employee or representative of Student Records Service with knowledge of the act, event,
condition, opinion, or diagnosis, recorded to make the record or to transmit information
there of to be included in such record; and the record was made at or near the time or
reasonably soon thereafter. The record attached hereto are the original or exact
duplicates of the original.

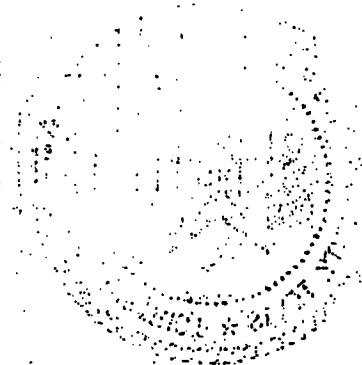
Bela J. Davis
Affiant

SWORN TO AND SUBSCRIBED before me on the 12th day of January,
2009.
10

Barbara G. Wright
Notary Public, State of Texas

My commission expires: Feb. 7, 2010





FALL — GRADE 7

SPRING — GRADE 7

MOthers NAME
FATHER'S NAME

MOTHER'S NAME	WILLIAMSON, JANE
FATHER'S NAME	WILLIAMSON, JOHN

ADDITIONAL STUDENT DATA

FALL — GRADE 7

SPRING — GRADE 7

MOthers NAME
FATHER'S NAME

MOTHER'S NAME	WILLIAMSON, JANE
FATHER'S NAME	WILLIAMSON, JOHN

ADDITIONAL STUDENT DATA

[illegible][illegible]

[illegible][illegible]

REQUEST FOR REVIEW OF STUDENT RECORD

To the Principal: _____ School: _____

(Name of Person Requesting Record)

(Parent) (Guardian)

(Spouse), of _____, request a review

(Name of Student)

of the student records for my (Child) (Spouse).

It is my understanding that this review will be scheduled in consultation with you as a designated member of the professional staff of the Dallas Independent School District. The review will be scheduled at a mutually agreeable time, but in no case more than 45 days from this date.

I understand that I may review and inspect material in the student file and may copy such information, but that I may not remove information from the file. If, however, the file contains information which I believe should not be included, I understand that I may request a hearing for the purpose of presenting my case for elimination of material from the student record.

I certify that I am the (Legal Guardian) (Spouse) (Student), and have the legal right to inspect these student records.

Date Request Received

Signature of Person Requesting Record

Address of Person Requesting Record

Signature of Principal

Telephone Number

Date

Name of Student Green, Gary L. ID # 513905
 Student's Picture

RECORD OF INSPECTION

Date Request Received

Signature of Person Requesting Record

Address of Person Requesting Record

Signature of Principal

Telephone Number

Date

Date Request Received

Signature of Person Requesting Record

Address of Person Requesting Record

Signature of Principal

Telephone Number

Date

Date Request Received

Signature of Person Requesting Record

Address of Person Requesting Record

Signature of Principal

Telephone Number

Date

25x110

22x110

SCHOOL HISTORY

Name Calvin, Gary L I.D. Number 513505

Intermediate

FOURTH GRADE

FIFTH GRADE

SIXTH GRADE

REPEAT

	FOURTH GRADE				FIFTH GRADE				SIXTH GRADE				REPEAT			
	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer
Address	4425 Jones Ave				4425 Jones Ave				4425 Jones Ave							
Telephone																
Date Entered	2-15-80				2-15-80				2-15-80							
Date Dropped																
Assigned to	4425 Jones Ave				4425 Jones Ave				4425 Jones Ave							
1st Report Teacher	W. H. H. H.				W. H. H. H.				W. H. H. H.							
2nd Report Teacher	W. H. H. H.				W. H. H. H.				W. H. H. H.							
3rd Report Teacher	W. H. H. H.				W. H. H. H.				W. H. H. H.							
School Code No.	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233	233
School Name	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine	Blaine
Days Present	28	29	29	29	28	28	28	28	28	28	28	28	28	28	28	28
Days Absent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Teacher	W. H. H. H.				W. H. H. H.				W. H. H. H.							
Instructional Levels	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Reading	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Mathematics	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Curriculum Areas	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading	Reading
Spelling	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Composition	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Handwriting	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Mathematics	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Social Studies	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Science/Health	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Art	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
General Music	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Physical Education	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Program Information (Title I and/or Other Special Programs)																
Date																

32x10

25x10

Reporter's Certificate

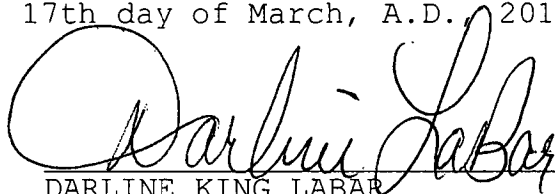
THE STATE OF TEXAS:

COUNTY OF DALLAS:

I, Darline King LaBar, Deputy Official Court Reporter in and for the 282nd District Court of Dallas County, State of Texas, do hereby certify that the foregoing exhibits constitute true and complete duplicates of the original exhibits, excluding physical evidence, offered into evidence during the jury trial in Cause No. F09-59380-S, The State of Texas vs. GARY GREEN, as set out herein before the Honorable Judge Andy Chatham, Judge of the 282nd District Court of Dallas County, Texas.

I further certify that the total cost for the preparation of this Reporter's Record is \$40,423⁶² and will be paid by Dallas County, Texas.

WITNESS MY OFFICIAL HAND this the Reporter's Certificate on the 17th day of March, A.D., 2011.



DARLINE KING LABAR
Official Court Reporter
363rd Judicial District Court
Dallas County, Texas
133 North Riverfront Blvd., 5th Floor
Dallas, Texas 75207-4313
hpdkaith@msn.com
(214) 653-5893

Certificate No: 1064
Expiration Date: 12/31/2012

Darline King LaBar, Official Reporter